



BIRMINGHAM ANIMAL  
HOSPITAL + RESORT

## New Client Form

Your Name \_\_\_\_\_  
Spouse/Partner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Spouse/Partner's Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Age				
Sex				
Spayed/Neutered				
Medications				
Previous Vet				

**Social Media/Photo Permission:** Do we have your permission to post photos of your pet online and/or use it for marketing purposes?  Yes  No

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that charges are to be paid at the time of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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[www.birminghamanimalhospital.com](http://www.birminghamanimalhospital.com)