



Jay H. Price, D.V.M. Elizabeth B. Robinson, D.V.M. Katie Stipes, D.V.M.  
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Please fill out this sheet as completely as possible when leaving your pet with the attendant, whether you have been here before or not. This information will be transferred to your permanent record.

Owner's Information					Date:
Name:			Email:		
Address:					
City:		State:		Zip:	
Phone home:	cell:	work:	Other cell:	Date of Birth:	
Place of Employment:			Drivers License ST: No:		

Please know that your DL # is stored in a password protected location - this original document will be destroyed.

Pet's Information		
Name:	Breed:	Date of Birth / Age:
Color/Description:		Sex: _____ altered: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Breed:	Date of Birth / Age:
Color/Description:		Sex: _____ altered: Yes <input type="checkbox"/> No <input type="checkbox"/>

Services Desired: \_\_\_\_\_

Staying for Appointment  Dropping off  Pick up time: \_\_\_\_\_

How do you wish to pay? Cash  Check  Visa  Master Card  Discover  AmEx

How did you hear about us? (please let us know!)

Friend/Family/Neighbor  Who? So we can thank them! \_\_\_\_\_

Oak View Team Member?  Who? So we can thank them! \_\_\_\_\_

Google  Yelp  Shelby Humane  Birmingham Humane  Rescue Group  Which one? \_\_\_\_\_

Facebook  Community Event  Saw building/sign  Other  \_\_\_\_\_

**Lost and Found Pet Disclaimer**

We occasionally receive calls from individuals who have found an animal. If your pet is found by someone, please let us know how you would like us to act. We will not give out personal information without permission.

- Please give out my number and/or address to the person who finds my pet - they can contact me directly.
- I would like to be contacted by Oak View Animal Hospital. Do not give out my personal contact information.

**Thank you! The doctor will care for your pet as soon as possible.**

I hereby authorize Oak View Animal Hospital, P.C. its agents or employees to perform the surgery and or other service needed on the above described animal and do hereby release and forever discharge Oak View Animal Hospital, P.C. its representative agent or employees from all claims and demands whatever which I have or may have against Oak View Animal Hospital, P.C. its representative agent or employees by reason of said surgery administration of drugs or performance of other services any consequences resulting directly or indirectly there from.

I further certify that I have ordered or have been authorized by the owner to order the above named service for the above described animal in any event I accept full financial responsibility for the payment for services ordered and rendered. I understand that any animal not called for within ten (10) days that the hospital shall designate for its release shall be considered abandoned by me and shall be disposed of at the discretion of the hospital. My financial responsibility shall not in any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the date of and charges for disposal of same. Should it become necessary to collect this account through an attorney the undersigned agrees to pay all costs of collector including reasonable attorney's fees.

\_\_\_\_\_  
Signature