

Cloverleaf Animal Clinic

749 North White Station • Memphis, TN 38122

Name: _____, _____, _____ Driver's Lic: _____

Last First M.I

Spouse: _____, _____, _____ Driver's Lic: _____

Last First M.I

Address: _____

Street City, State Zip

Phone: _____

Home Work Spouse Work Cell Spouse Cell

Email: _____ Spouse: _____

Email addresses will be used for follow-up and reminder purposes only. (Optional)

Employer: _____ Spouse Employer: _____

Referral: _____

Preferred contact method (Circle one): Home phone Cell phone Spouse Cell Email Spouse email

May we text you for reminder purposes? Yes No

Pet Information:

Where were your pets last vaccinated? _____

Pet 1 Pet 2 Pet 3

	Pet 1	Pet 2	Pet 3
Name:			
DOB/Age:			
Breed:			
Color:			
Sex:			
Neutered?:			
Microchipped?:			

SOCIAL MEDIA CONSENT

I grant Cloverleaf Animal Clinic permission to post current and future pet's picture, story, and medical information on social media.

Check to opt out

PAYMENT

Payment is **required** at the time services are rendered. We accept cash, Visa, MasterCard, Discover, and Care Credit. We do NOT accept checks.

CONSENT

The undersigned hereby authorizes Doctors to run laboratory tests, take radiographs, and/or perform surgery in attempt to arrive at a proper diagnoses and to effect the best possible treatment.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION.

Vaccination can and will be updated at the time of your appointment if it is not current.

AGREEMENT

By your signature below, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at maximum of 32% of the debt, and all costs, expenses, including reasonable attorneys' fees, we incur in such collection efforts. In the event payment is not made in 30 days, I further agree to pay 1.5% per month on the unpaid balance with minimum of \$3.00 per month billing charge. I am at least 18 years of age.

Signature

Date