

**CLIENT INFORMATION**

North Shelby Animal Hospital  
 5074 Easley St  
 Millington, TN 38053  
 Ph (901) 873-3291  
 Fax (901) 873-4493

**Client (pet owner)**

Last Name	First Name	MI
Street	City/State	Zip
Home Phone	Mobile Phone	
*Driver's License # & State	Email Address	
Work Phone	Employer	

**Spouse**

Last Name	First Name	MI
Mobile Phone	*Driver's License # & State	
Work Phone	Employer	

\* Denotes fields required only if you will be paying by check on follow-up visits. We do not accept checks on the first visit. We also accept debit cards, all major credit cards, and cash.

I hereby authorize the veterinarians at North Shelby Animal Hospital to examine and treat the animals presented by me to North Shelby Animal Hospital. **Furthermore, I understand that payment is due when services are rendered**, and failure to do so may result in the institution of collection procedures. I agree to pay any collection costs, attorney fees, and court costs that may be incurred in this process. I further state that I am at least eighteen years of age and am financially responsible for costs relating to the care and treatment of the animals presented.

\_\_\_\_\_  
 Signature of responsible party

\_\_\_\_\_  
 Date

How did you hear about us? (please check one)

\_\_\_\_\_ Referral from a friend \_\_\_\_\_

\_\_\_\_\_ Online \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

