

Welcome to Rankin Animal Clinic
601-939-3028

Please take a few moments to complete this information form about you and your pet(s).
Please tell us up front if you cannot render full payment. Date:_____

Pet Owner's Information: (About Yourself)

Name_____ Spouse_____

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone Numbers: Home_____ Work_____

Cell Phone_____ Pager_____

Place of Employment_____

SSN(Required)_____ Spouse SSN_____

Driver's License Number_____

Do you want us to keep treatments to a minimum for financial reasons?_____

Payment Preference: Cash_____ Check_____ Bank/Credit Card_____

Who may we thank for referring you to our Clinic?_____

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Your Pet's Information:	Enter 2nd Pet's Information:
Pet's Name_____	Pet's Name_____
Dog, Cat, or Other_____	Dog, Cat, or Other_____
Breed_____	Breed_____
Sex:_____ Spayed or Neutered?_____	Sex:_____ Spayed or Neutered?_____
Date of Birth_____ Age_____	Date of Birth_____ Age_____
Color/Description_____	Color/Description_____
Date/Place of previous vaccinations (shots):	
Pet No. 1:_____	Pet No. 2:_____

Is your pet on Heartworm Preventative? If so, what kind?

Pet No. 1:_____ Pet No. 2:_____

Reason for today's visit:

Pet No. 1:_____ Pet No. 2:_____

If your pet is getting surgery today, would you like pre-anesthesia testing?

Pet No. 1:_____ Pet No. 2:_____

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Please read and sign the agreement below:

I hereby consent and authorize your clinic and veterinarians, Dr. Scott M. Leber, Dr. Kristin Berry, or other doctors on staff, to receive, prescribe for, treat, or operate upon my pet(s). You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment or safe keeping of the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks. I also understand that entire financial responsibility is due at time of discharge, and I take full responsibility for all fees incurred. I also understand that second parties are not responsible for fees incurred. I have read the foregoing and agree.

Signature of Owner _____ Date _____