



213 Tellico Ave, Athens, TN 37303
(423)453-5149

animalaidtn@gmail.com ~ www.animalaidtn.com

Client Information

Name: _____ Spouse: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Other: (____) _____

Place of Employment: _____

Owner Date of Birth (required by law for dispensing controlled substance): _____

E-mail Address: _____ How did you hear about us? _____

Driver's License / State ID# _____ Previous Veterinarian: _____

In case of emergency, please list someone outside of your home:

Name: _____ Phone Number: _____

Pet Information

Name: _____ Nickname: _____

Species: Cat Dog Other: _____ Breed: _____

Gender: Circle one (male) (male neutered) (female) (female spayed)

Age: _____ Date of Birth: _____ Color: _____

Does your pet have a microchip? Yes No Microchip brand and # _____

Is your pet currently on any medications? _____

Does your pet have any allergies? _____

Is your pet current on vaccines? Yes No What flea prevention do you use? _____

Is your pet on heartworm prevention? Yes No Type: _____



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Please initial each line and sign at the bottom

Payment is expected at the time of service
We accept Cash, Visa, Mastercard, Discover & Care Credit
We do not accept personal checks or American Express

I understand that no billing is available. All fees must be paid at the time service is rendered. Animal Aid does not accept personal checks. _____

Animal Aid reserves the right to refuse services. _____

While on Animal Aid property, I agree to conduct myself in a respectful manner. The Animal Aid staff will do their best to address any concerns that may arise in a timely fashion. I understand that if I do not conduct myself properly, I may be asked to seek veterinary care elsewhere. _____

Animal Aid takes all precautions while handling my pet. I understand that I will not be allowed to restrain my pet for procedures or examinations. _____

I am the owner or agent of the animal I have brought to Animal Aid and I am over the age of 18. _____

I authorize Animal Aid, its veterinarians(s) and staff members to handle and treat my pet. I understand that while Animal Aid will take all necessary precautions, sometimes adverse events may occur. In the event of an adverse occurrence, including but not limited to death, I agree to not hold Animal Aid, its veterinarians(s) or its staff liable. I agree that in the event a staff member cannot reach me, the Animal Aid veterinarian(s) will treat my pet accordingly. I agree that I am responsible for any and all charges incurred.

Owner

Date