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 t - 828-456-9755
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 www.animalhosp.com
 facebook.com/AnimalHospitalofWaynesville



We are glad to have the opportunity to care for your pet. To ensure your pet gets the best care we can offer, please fill out this form completely.

All Fields Required - Please Print

Owner's Name _____

Owner's Date of Birth _____

Mailing Address _____

Physical Address _____

Email _____

Preferred Phone Number _____

Employer _____

Work Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Contact Method Preference Text Phone Email

PET'S NAME: _____

CLIENT SIGNATURE: _____

DATE: _____

PAYMENT POLICY: All payment is due upon completion of services rendered. Any balance that becomes 60 days past due may incur a finance charge of 1.5% per month, a statement fee of \$4.00 per statement and handling fee of \$3.00 per statement. If you have any problems paying your bill as described, please contact our office for further assistance.