



WALTER BRITT SCHAFFELD, DVM

CANDACE S. HADDEN, DVM

Thank you for giving us the opportunity to care for your pet. So we may become better acquainted, please complete the following information.

Date: _____

Owner's Name: _____ Spouse/Other _____

Address: _____ City _____ State: _____ Zip Code _____

Home Phone _____ Cell _____ Work _____

Email _____ Driver's License No. _____

Pet's Name _____ Reason for today's visit _____

IN CASE OF EMERGENCY, PLEASE CALL _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.
We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

Method of payment: CASH _____ CHECK _____ VISA _____ MASTERCARD _____ DISCOVER _____
CARE CREDIT _____

How did you first hear about our hospital?
Individual; someone we may thank _____ Hospital Sign _____
Yellow Pages _____ Other _____

HOSPITAL ADMISSIONS (please read and complete below):

I hereby authorize the doctors and staff of the **Animal Medical Center** to prescribe and treat my pet for the condition(s) listed above. I have been offered an estimate of the anticipated costs. Should the cost vary from the amount estimated, I can be contacted at the following number(s) _____. If not available for consultation, I authorize the staff of the **AMC** to:

- _____ Provide no treatment beyond that which is estimated.
- _____ Provide treatment to stabilize the condition until consulted. I understand I will be responsible for costs involved in such care.
- _____ Provide all treatment indicated until I can be contacted. I understand that I will be responsible for costs involved in such care.

SIGNATURE _____