



604 Gayle Street • Gardendale, AL 35071  
 P: 205.631.4432 • F: 205.631.3384  
 www.mercyvets.com

**FOR CLINIC USE ONLY**

Date \_\_\_\_\_

Client # \_\_\_\_\_

Patient # \_\_\_\_\_

**NEW PATIENT FORM**

**OWNER** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Name \_\_\_\_\_  
 Wife/Husband/Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Text Friendly  Yes  No  
 Email: \_\_\_\_\_  
 S.S.# \_\_\_\_\_ (Required) D.L.# \_\_\_\_\_ (Required)  
 Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Cell \_\_\_\_\_  
 Home \_\_\_\_\_  
 How did you find us? (Please Circle) Website Friend Mail Phonebook Other  
 Recommended by \_\_\_\_\_

**Doctor Preference:**  **Dr. Miranda Trammell**  **Dr. Brandon McKim**  **Dr. Tom Fuqua**

**PET**  
 Pet Name \_\_\_\_\_ Species  Canine  Feline  Other  
 Pet Breed \_\_\_\_\_ Color \_\_\_\_\_  
 Age (wks, mnths, yrs) \_\_\_\_\_ Sex  M  F Status  Spayed  Neutered  Intact

**PATIENT HISTORY** Date of last annual vaccinations \_\_\_\_\_  
 Previous Veterinary Clinic \_\_\_\_\_ City/State \_\_\_\_\_  
 Please list any major medical problems your pet has had or is currently being treated for \_\_\_\_\_  
 \_\_\_\_\_  
 Please list any medications routinely used including dosages \_\_\_\_\_  
 \_\_\_\_\_  
 Unusual Habits / Special Diet \_\_\_\_\_ Heartworm Preventative \_\_\_\_\_  
 Flea Control \_\_\_\_\_

**Payment Policies** We work hard to keep our fees as reasonable as possible while still providing the very best in medical care to your pets. To help us maintain balanced pricing, **we require that all services be paid for in full when rendered.** For your convenience we currently accept cash, personal checks, money orders, Visa, MasterCard, Discover, American Express and Care Credit. Please note that returned checks are subject to a \$30.00 service charge.

**Agreement to Pay** I, the undersigned, accept all fees charged as a legal and lawful debt, I understand that if I do not pay for all services in full when rendered, I agree to pay said fees, including any/all costs of collection, attorney fees and / or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other state.

Party responsible for payment \_\_\_\_\_

Signature \_\_\_\_\_