

Culbreth Carr Watson Animal Clinic

1223 E. 2nd Ave. SE | Rome, GA | 30161
Phone: 706-234-9243 | Fax: 706-234-5920

New Client Information:

Client Name _____ Email _____
Alternate Client Name _____ Employer _____
Occupation _____ Driver's License & State _____
Address _____ City _____ State _____ Zip _____
Home Phone Number _____ Cell _____ Work _____
Alternate Phone _____ Referred by _____
Emergency Contact & Phone _____

Pets:

Name _____ Dog _____ Cat _____ Breed _____
Male _____ Neutered _____ Female _____ Spayed _____ Birthday/Age _____

Name _____ Dog _____ Cat _____ Breed _____
Male _____ Neutered _____ Female _____ Spayed _____ Birthday/Age _____

Have any of your pets had any serious illnesses? Surgeries? Seizures? Allergies? Vaccine reactions _____

Marketing Release Form:

We want your pet to be Facebook famous, but we need your permission first. I grant permission to Caldwell Animal Health Inc. dba Culbreth Carr Watson Animal Clinic (CCW), its employees and authorized representatives to take photographs and/or video of me and/or my pet(s), to copyright, use and publish the same in print and/or electronically. CCW may also use and publish my pet's story, including relevant medical history. I agree that CCW may use such photographs, videos or stories including me and/or my pet with or without our names and for any lawful purpose, including for example such purposes as social media, publicity, advertising, and other Web content. Initial _____ Date _____

Please read and sign the following authorization for treatment:

I am 19 years of age or older, and I hereby authorize the staff of Culbreth Carr Watson Animal Clinic to render any treatment which is deemed necessary while in custody of the clinic. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me, or my designated representative, before proceeding with treatment. I understand that I will be financially responsible for all procedures and costs, including any estimate of charges for treatment provided to me in person or over the telephone. Payment is due at the time services are rendered. A \$30.00 returned check fee will be charged for all returned checks. I understand that if at any time there is an unpaid balance on my account, there will be an additional 33.33% collection agency fee and my account will be placed with a collection agency, which will appear on my credit report, and that I will be held responsible for attorney fees and court costs if such be necessary. I give Culbreth Carr Watson Animal Clinic and/or our agents, to contact you by telephone at any phone number associated with your account, including wireless phone numbers, which may result in charges to you. Methods of contact may include use of auto dialing equipment and/or pre-recorded artificial voice messaging, text messaging or email.

Signature of Owner _____ Date _____