



Adair County Animal Hospital

Welcomes you and your pets!



The Standard of
Veterinary Excellence

Thank you for giving us the opportunity to care for your pets. To insure the best possible care, please take the time to fill in this form completely and circle answers when appropriate. Thank you!

Owner Information

Owner's Name _____ Spouse/Co-owner _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Secondary Phone _____

Driver's License Number _____ E-mail _____ Yes / No

In case of an emergency call _____ Phone Number _____

It is best to contact me about my pet by: Text / Call / E-mail Reminders? Postcard / E-mail

I grant permission to use my pet's photograph for hospital use: Yes / No

Patient Information

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Dog				
Cat				
Other				
DOB / Age				
Sex				
Altered?				
Breed				
Color				

Previous Veterinarian _____

I am interested in more information about...

Vaccines Dental Health Care Boarding/Daycare Financial Assistance

Parasite Prevention Grooming Insurance Laser Therapy Laser Surgery

Please provide an owner's signature after reading the back side of this page.

Columbia, KY
(270) 384-6113

Burkesville, KY
(270) 864-2224

Russell Springs, KY
(270) 866-6113



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I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for extensive care or surgical treatment. We offer Care Credit if a payment plan is necessary and only accept CASH or CREDIT CARD for first time visits.

Estimates include items our staff will most likely require to treat and care for your pet during their treatment. Please understand the estimate is an approximation only. The final cost may vary from the estimate provided. We routinely provide written estimates upon request, your medical care team will discuss that estimate prior to treatment. Our team will make every effort to inform you of ongoing costs; however, it is your responsibility to ask a staff member for updates on your invoice total.

You agree to reimburse us the collection fees of any collection agency, which shall be based on a percentage at a maximum rate of 33 1/3% of the amount due at the time your account is placed with a collection agency, and all costs and expenses incurred for any collection efforts on your account, including reasonable attorney's fees incurred by the collection agency. This contract shall cover all medical treatment and services until revoked by either party in writing.

Owner's Signature

Date

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