

FAYETTEVILLE ANIMAL CLINIC, P.C.

Fayetteville, Tennessee 37334
Telephone 931-433-1202

William Kidd, DVM
Margie Carter, DVM
Jennifer Storer-Strope, DVM

Mary Chorney-Carter, DVM
Holly Andrews-Bertram, DVM
Zachary Hopkins, DVM

Stacy Smith, DVM
Courtney Sherman, DVM

Thank you for giving Fayetteville Animal Clinic the opportunity to care for your pet. Please complete the following:

Date: _____

Owner: _____ Spouse _____
Last First Initial Last First Initial

ADDRESS _____ Cell: _____ Home Phone: _____
Street City State

E-mail _____

Employer _____ City & State _____

Work Phone _____

Spouse's Place Employment _____ City & State _____

Spouse's Work Phone: _____

So that we are able to suit your individual needs – which do you feel most applies to you:

Check One

- 1. I feel that my pet is another member of our family.
- 2. I feel that my pet is just a pet.

Check One

- 1. I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
- 2. I want good medical care for my pet, but there is a limit to what I am able to have done.
- 3. I want you to perform only the services that I request.

Check One

- 1. I prefer to be present when my pet is examined/treated.
- 2. I would rather not see my pet examined/treated.

PAYMENT IS REQUIRED, IN FULL, UPON COMPLETION OF VISIT. Deposits are required on major medical/surgical cases, trauma cases, and after hours emergency work where hospitalization is required.

Please Choose Payment Method : Check Cash Credit Card: MC VISA DISCOVER AMEX
CARE CREDIT