

Poplar Springs Animal Hospital

Animal Medical Supply

4915 Poplar Spring Drive ▪ Meridian, MS 39305

110 15th Pl S #E ▪ Meridian, MS 39301

A.P. Carney IV, DVM ▪ Jennifer Carney, DVM

Date: _____ How did you hear about us? _____

Pet Information

Pet Name: _____

Dog Cat Male Female Breed: _____

Other: _____ Age: _____

Spayed Neutered Unaltered

Color: _____

Is your pet pregnant? Yes No

Do you have pet insurance? Yes No

Has your pet ever had a reaction to vaccinations? Yes No

Your Information

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: _____

Place of Employment: _____

Social Security Number: _____ Driver's License Number: _____

Emergency Contact Information: (name & number): _____

Spouse's Name: _____

Phone (home): _____ (work): _____ (cell): _____

Place of Employment: _____

Social Security Number: _____ Driver's License Number: _____

Emergency Contact Information: (name & number): _____

All charges are payable at the time services are rendered. This allows us to contain our costs and keep them at a reasonable level. NOTE: If your pet enters our practices with fleas or ticks, there will be an \$8 fee for treatment.

I assume full responsibility for all charges incurred in the case of this animal and am financially responsible for any and all finance charges, collection fees and attorney fees that may occur as a result of non payment for the services rendered at Poplar Springs Animal Hospital and Animal Medical Supply.

Signature of Owner/Responsible Party: _____