

Animal Care Center of Ooltewah

9124 Amos Road

Ooltewah TN 37363

423-238-9005

Thank you for giving us the opportunity to care for your pet(s). So that we may become acquainted please complete the following

Owner Information

Name _____ Date _____

Address _____ City _____

State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Drivers License _____

Place of Employment _____ Work Phone _____

Spouse/Significant Other

Name _____ Phone _____

How did you hear about us? (drove by) (Yellow Pages) (Internet) (Local Fare)

(Personal Recommendation) Whom may we thank? _____

Other please list _____

All fees are due at the time services are rendered.

Any balance due at Animal Care Center of Ooltewah will be charged a monthly service charge on all accounts 30 days equal to the greater of a minimum charge of \$3.00 or 1.5% per month with is an annual rate of 18%.

Signature _____ Date _____

Sometimes we will send out email invitations and/or updates on clinic functions and activities do you wish to be on the mailing list. (Yes) _____ or (No) _____

Pet Information

Name _____ Species _____

Breed _____ Color _____

DOB or Age _____ Sex _____ Spayed/Neutered

We recommend your pet have a microchip, if your pet does not have one already are you interested in having this procedure done? (Yes) or (No)

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Breed _____ Color _____

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