Caldwell Mill Animal Clinic

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(205) 991-7986

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Exotic Record

Page _____

Client Acct.# _____

Patient ID # _____

Owner(s): _____ Pet's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email: _____

Pet's Breed: _____ Color: _____ Sex: _____ DOB: _____

PAYMENT POLICY:

All charges due upon release of your pet or when services/products are received. We accept cash, checks, Visa, MasterCard, and Discover. Any balance over 30 days is subject to a 1.5% finance charge and a $3.50 billing fee per month. You agree to pay a reasonable attorney's fee and all collection costs charged to any unpaid balance. Discounts or coupons are valid only if charges are paid in full at the time services are rendered. Any outstanding balance must be paid in full before additional services or products can be received.

Client Signature _____ **Date:**_____

	Weight	Temp.		Change or Override	

Owner(s): _____ Pet: _____ Client Acct #: _____

Patient ID # _____ Allergies/Reactions: _____

	Weight	Temp.		Change or Override	