



Cumberland
 Animal Clinic
 1860 Spring Road
 Smyrna, GA 30080

<i>Clinic Use</i>
Client# _____
Scan <input type="checkbox"/>
1 or 2 Card(s) <input type="checkbox"/>

Client Information Sheet

Primary Owner's:	First Name	MI	Last Name
Spouse/Co-owner's:	First Name	MI	Last Name
Street Address 1:			
Street Address 2:			
City:		State:	Zip Code:
E-mail Address:		Would you like us to e-mail reminders to you?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Owner's Phone Number:	Please select: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Primary Owner's Secondary Number:	Please select: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____		
Spouse/Co-owner's Phone Number:	Please select: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Spouse/Co-owner's Secondary Number:	Please select: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____		
Primary Owner's Employer:	Preferred Doctor:		
How did you hear about us?: <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Sign <input type="checkbox"/> Kudzu <input type="checkbox"/> Other: _____ <input type="checkbox"/> Personal Referral: _____			

I understand that payment for all services and goods from Cumberland Animal Clinic is due at the time they are received unless prior arrangements have been made. I agree to pay, either with cash, Visa, MasterCard, American Express, or Discover. Should there be an outstanding balance on my account, I understand that I will be charged, and agree to pay, a 1.5% per month (18% APR) finance charge.

Signature: _____ **Date:** _____