

The Animal Hospital of South Carolina

13057 Ocean Hwy Suite D

Pawleys Island, SC 29585

843-979-4410



WELCOME

Client Registration: Please Print Clearly.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ Zip: _____

HomePhone: _____ Cell Phone(s): _____

Spouse/Other phone number(s): _____

Email address: _____ so we may send you
appointment reminders, service reminders, promos and specials.

How did you hear about our practice? Website _____ Facebook _____ Twitter _____ Internet _____

All 4 Paws Rescue _____ Location/Drive By: _____

Friend Referral: _____ please list name so we may send them a
"Thank You" gift.

Would you be interested in our payment plan program? Yes _____ No _____

Would you be interested in Pet Insurance information? Yes _____ No _____

1st Pet Information:

Pet's Name: _____ Date of Birth/Age: _____ Color: _____

Breed: _____ Sex: Male _____ Female _____ Spayed/Neutered: Yes _____ No _____

Microchipped? Yes _____ No _____ Last vaccines were given at : _____

Allergies: _____ Your Pet's Diet: _____

Pet Insurance Plan Name: _____

2nd Pet Information:

Pet's Name: _____ Date of Birth/Age: _____ Color: _____

Breed: _____ Sex: Male _____ Female _____ Spayed/Neutered: Yes _____ No _____

Microchipped? Yes _____ No _____ Last vaccines were given at : _____

Allergies: _____ Your Pet's Diet: _____

Pet Insurance Plan Name: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this (these) animal(s). I understand that these charges must be paid at the time of release and that a deposit may be required for some treatment plans.

Signature of Owner/Agent: _____ Date: _____