

DATE\_\_\_\_\_

**GEORGE COUNTY VETERINARY CLINIC**

**15259 HWY 613**

**LUCEDALE, MS 39452**

**Owner History Form**

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Owner Name\_\_\_\_\_ SS# or DL#\_\_\_\_\_

Mailing Address\_\_\_\_\_

Physical Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Email Address\_\_\_\_\_

Home Phone #\_\_\_\_\_ Cell Phone #\_\_\_\_\_ DOB\_\_\_\_\_

**Pet History**

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Circle One - Canine or Feline

Pets Name\_\_\_\_\_ Breed\_\_\_\_\_

DOB/AGE\_\_\_\_\_ COLOR\_\_\_\_\_

Sex- Male or Female Has Pet Been Spayed or Neutered? Yes or No

Reason For Visit?\_\_\_\_\_

**Payment Due At End of Visit**

**No Charging or Payment Plans**

**Full payment must be paid before pets are released from the clinic. Any additional balances that are charged to accounts related to Farm Calls, Lab work or other services are the owner's responsibility. This balance is due by the 15<sup>th</sup> of the following month. Accounts owing will be sent to collections or justice court. Owners will be responsible for all collections and lawyer fees plus the amount of balance.**