

Date: _____

Patient/Client Information

Four Paws Animal Hospital
Statham, Georgia

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell #: _____ OK to call at work: () yes () no

Email address: _____

Would you like us to send you information about specials, events or new information via email? () yes () no

Employer's Name & Address:

Spouse's/ other's Employer Name & Address:

In Case of EMERGENCY, Call _____ Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____ Driver's License #: _____

Preferred Method of Payment: () Cash () Check () Credit Card () Check Card

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

() Individual, Someone We May Thank: _____

() Yellow Pages, or another telephone directory

() Hospital Sign

() Another Hospital, If so, which: _____

() Other, please state: _____

How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services For Your Pet?

Email () Mail () Phone () Check all that apply

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations. Vaccination can be updated at the time of your appointment if it is not current. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed below and additional pets I present. *I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated.* I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$35.00 will be assessed for each non-sufficient fund check. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to handle the pet as you deem best and/or necessary.

Signature _____ Date _____

Animal Medical History

Please complete information for all your pets	Pet 1	Pet 2	Pet 3
Pet's Name			
Species (Dog, Cat, Ferret etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Medications (current)			
Flea Products Used			
Indoor only, Outdoor only, Both			
Vaccinations/Tests	Please provide previous vaccine history or previous veterinarian information to the receptionist or technician.		
Current on Rabies? Give date			
Heartworm Test (Dogs)			
FELV Test or FIV Test? (Cats)			
Medical History - Prior Illness/Surgery:			
<i>Thank You!</i>			