

**Client Information**

Owner's Name (Mr., Mrs., Ms.) \_\_\_\_\_ SSN: \_\_\_\_\_  
Spouse/Other: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ License #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Spouse/Other Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Spouse/Other Employer Address: \_\_\_\_\_  
What's the best time to call about your pet: \_\_\_\_\_ A.M./P.M. At what number? \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

We will gladly prepare an estimate if you so desire. Please ask a receptionist, vet tech, or doctor. Payment is due at time of services rendered. We do not accept checks from first-time clients. **Pet(s) will only be discharged upon full payment per Georgia Statute § 44-14-490.**  
**Lien for treatment, board, or care of animal; right to retain possession \_\_\_\_\_ (initial).**

Name of Previous/Current Veterinarian: \_\_\_\_\_

How did you hear of our hospital?

- ( ) Individual, someone we may thank? \_\_\_\_\_  
( ) Yellow pages or online directory? \_\_\_\_\_  
( ) Hospital Sign  
( ) Another Hospital? \_\_\_\_\_  
( ) Other, please specify \_\_\_\_\_

**To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATIONS.**

Vaccinations can be updated at the time of your appointment if they are not current.

**Do you consent to receive text message updates regarding your pet(s) care?**

( ) YES ( ) NO Initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_