

Hope Veterinary Hospital
Cheryl L. Bettis D.V.M - Glenn S. Deckert D.V.M.
4941 Forsyth Road Macon, Ga 31210
Phone: (478) 474-4829

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: _____