

Elberton Animal Hospital Patient/Client Information

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 pages of this information form.

Owner's Name: _____ Cell Phone #: _____

Spouse/Other: _____ Cell Phone #: _____

****THE PEOPLE LISTED ABOVE ARE PERMITTED TO ACQUIRE ANY/ALL INFORMATION ON PATIENT(S)****

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

In case of EMERGENCY and we cannot reach you at the numbers listed above. Who can we call?

Name: _____ Relation: _____ Phone #: _____

Social Security Number of Owner: _____

Driver's License Number (Will be required if paying with a check): _____

Email Address (Notification yearly vaccines due, etc. Via e-mail): _____

Name of Previous/Current Veterinarian: _____ Phone# _____

How did you hear about us?

Individual/Someone We May Thank: _____

Another Hospital? If so, which one: _____

Other, Please State: _____

- **To help prevent the spread of infectious diseases, it is hospital policy that ALL 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 VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**
- **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 on the reverse side and additional pets I present. Furthermore, 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 \$30.00 will be assessed for each non-sufficient funds check and/or certified letter that must be sent. I understand that veterinary service is provided during night-time 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 dispose of the pet as you deem best and/or necessary.**

Signature _____ Date _____

Animal Medical History

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

Please Circle All That Apply:

Breed: _____

Dog **Cat**

Description/Color: _____

Male **Female**

Is your pet spayed or neutered? **Yes** **No**

Indoor **Outdoor**

Vaccine History:

<u>Dog</u>	Y or N	If yes, specify an approximate date:
Rabies		
Distemper		
Kennel Cough (Bordetella)		
Lyme		
Canine Influenza		
Heartworm Test		
Fecal Test (Stool Exam for Worms)		

<u>Cat</u>	Y or N	If yes, specify an approximate date:
Rabies		
Distemper		
Leukemia Vaccine		
Leukemia Test (FELV/FIV Test)		
Fecal Test (Stool Exam for Worms)		

Please list any other major medical history such as dentistry, Geriatric Health Screen, Major Illnesses/Surgeries, etc.

Procedure:	Approximate Date Diagnosis/Work Done
1.	
2.	
3.	