

Four Paws Animal Hospital at Johns Creek

Welcome

Please take a few minutes to fill out this form as completely as you can. If you have any questions we will be happy to help you. We look forward to providing you and your pet(s) with the care you deserve!

Client Information

Owner's Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Alt. Phone: _____

How did you become aware of our practice?

Google Search Yelp Facebook Kudzo Magazine/Mailer

Animal Shelter/Rescue Organization Emergency Clinic Clinic Sign

Previous Client/Recommendation: Whom may we thank? _____

Patient Information

1. Name: _____ 2. Name: _____

Breed: _____ Breed: _____

Color: _____ Age: _____ Color: _____ Age: _____

Sex: Intact Female Spayed Female Sex: Intact Female Spayed Female

Intact Male Neutered Male Intact Male Neutered Male

Microchip ID #: _____ Microchip ID #: _____

Aggressive: Yes No Aggressive: Yes No

History of vaccine reactions: Yes No History of vaccine reactions: Yes No

Previous Veterinary Hospital Information

Name: _____

Phone: _____

May we contact for current medical records?

Yes No

**For the protection of all pets we require
up-to-date vaccination and medical records
to be on file.**

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I understand that ALL FEES ARE DUE AT THE TIME OF SERVICE. I also agree that should my account balance become delinquent, I will be responsible for all collection costs, including but not limited to the outstanding balance, attorney fees, court costs, collection agency fees and interest at the annual rate of 18% (1.5% per month).

Client Signature: _____ Date: _____