



ANIMAL HOSPITAL , P.C.

5305 Highway 20  
Sugar Hill, Georgia 30518  
Ph: (770) 271-7777  
Fax: (770) 614-3113

### New Client Information Sheet

Pet Information	Pet # 1	Pet # 2	Pet # 3
Name			
Breed			
Date of Birth			
Color			
Sex			
Spay/Neutered			
Name of Previous Vet			
Phone No. of Previous Vet			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

**Owner Information:**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Spouse's (W)# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Spouse's Place of Employment \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa/MasterCard- Card # \_\_\_\_\_

How did you become aware of our hospital? \_\_\_\_\_

I assume responsibility for all charges occurred in the care of these animals. I also understand that all services are to be paid at the time of service.

Owner or responsible party: \_\_\_\_\_

MEDICINE  SURGERY  ALLERGIES  DENTISTRY  BOARDING  GROOMING