

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: _____

How do you prefer to be addressed? _____

Address: _____

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

Phone: _____ (___home ___cell ___work) Do you receive text messages? Yes / No

Alternate Phone: _____ Email: _____

How did you become aware of our practice?

___ Google Search ___ Yelp ___ Facebook ___ Magazine/Mailer ___ Clinic Sign ___ Other

___ Previous Client/Recommendation: Whom may we thank? _____

Patient Information

1. Name: _____ 2. Name: _____

Breed: _____ Breed: _____

Color: _____ Birthdate: _____ Color: _____ Birthdate: _____

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

Reaction to Vaccines: ___ Yes ___ No Reaction to Vaccines: ___ Yes ___ No

Do you have pet insurance? ___ Yes ___ No If so, what carrier do you use? _____

Is it ok for FPAH to share your pet on social media? 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: _____