



CLIENT INFORMATION - Please print clearly

Name: _____

Address: _____

Apt/Unit#: _____

Employer: _____

Are you 18 years of age or older? Yes No

Are you the owner? Yes No

Spouse/Partner: _____

Primary Phone: (_____) _____ - _____

City, State, Zip: _____

County (Fulton, Forsyth, etc): _____

Work/Secondary Phone: (_____) _____ - _____

E-mail: _____

Spouse/Partner Phone: (_____) _____ - _____

Primary Driver's License#: _____

State: _____

*** All above information is kept strictly confidential and is used to ensure that your pet is discharged ONLY to you or your designated agent.**

How did you learn about our practice? If you were referred by one of our existing clients, please let us know so that we may thank them.

Individual: _____ Rescue/Hospital Referral: _____

Drive By Community Events Internet Search Our Website Newspaper/Direct Mail

Already a Client

Primary Reason for Visit: _____

PET INFORMATION

Name: _____

Species: Dog Cat Other: _____

Sex: Male Female

Neutered/Spayed: Yes No

Age: _____ Birth date: _____

Breed: _____ Color: _____

Our pet is: Member of our family

Child's Pet

Backyard Pet

Is your pet allergic to any vaccines or medications? _____

All previous Veterinarian(s) in the past 12 months: _____

List any symptoms or problems you've noticed with your pet:

List any medications/supplements your pet is currently taking:

Has your pet been diagnosed and/or treated for any major illness(es)?

Vaccination/Wellness History (check all that pet has received):

Dog: Rabies Canine Influenza Distemper (DHLPP) Bordetella Heartworm Test Intestinal Parasite Screen
Cat: Rabies Feline Leukemia/FIV Test Distemper (FVRCP) Intestinal Parasite Screen Feline Leukemia Vaccine (FELV)

Is your pet on heartworm prevention? YES NO

Do you use external parasite control? YES NO

Do you have pet insurance? YES NO

List: _____

____ (initial) I hereby grant Loving Hands Animal Clinic, its representatives & employees, the right to take photographs/video of myself and/or my pet(s) for such purposes as publicity, illustration, or advertising in print and/or electronically.

____ (initial) I hereby grant Loving Hands Animal Clinic, its representatives & employees, permission to share my pet's full medical records with any and all animal boarding, grooming, and/or medical facilities.

I authorize the veterinarians and staff of Loving Hands Animal Clinic to examine, prescribe for and treat the above described pet. I am 18 years of age or older. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature of client responsible for pet: _____

Date: _____