



PATIENT & CLIENT INFORMATION

Thank you for giving CAC the opportunity to care for your pet.
So that we may become better acquainted, please complete the following:

Owner: _____ Spouse: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell: _____ Work: _____ Spouse Work: _____
Email: _____
Place of Employment: _____ Occupation: _____
Spouse's Employment: _____ Occupation: _____
How did you become aware of our clinic? _____ Other Clinic/Hospital _____ Website (specify): _____
Personal recommendation by: _____ (ask about our Referral Program)
 Drive-by Kudzu.com Yellow Pages Other (specify): _____

Payment for services is required at the time they are rendered. Business/personal checks are NOT accepted. We accept Cash, Debit, MasterCard, Visa, American Express, and Discover

So that we will be best able to suit your individual needs, please check the statement that you feel most accurately applies to you.

- I consider my pet a member of the family and I want the best medical care available.
- I want good medical care for my pet, but there is a limit to what I am able to have done
- I want you to perform only the services that are absolutely necessary.

PET HISTORY

Name: _____ Species: _____ Breed: _____
Birthday: _____ Sex: Male Neutered Female Spayed Color: _____
Microchip Number: _____ Tattoos/Markings: _____
Previous Veterinary Clinic: _____ Phone: _____
Chronic Illnesses: _____
Previous Illnesses: _____ Previous Surgeries: _____
Known Allergies to: Drugs: _____ Food: _____
 Vaccines: _____ Other: _____
Is your pet on heartworm prevention? No Yes- What kind? _____ Last date given? _____
Is your pet on Flea/Tick prevention? No Yes- What kind? _____ Last date given? _____
Currently on medication? No Yes- Please specify: _____
Type and amount of food: _____ Table scraps: Yes No
Origin of Pet: Pet Store Kennel Humane Society Breeder Friend Other: _____
Afraid of Storms: Yes No Are there any other pets in your home? No Yes- What kind? _____
Reason for today's visit: _____

I grant a model release to Chattahoochee Animal Clinic to use images of my pet and myself in CAC literature and advertising.
I understand that there is not compensation for this release. _____ (initials)

I hereby grant authority to the Veterinarian or Veterinarians in charge of the care of the pet describe above to administer and treatment, or to administer such anesthetics and to perform such operations as deem necessary or advisable in the diagnosis and treatment of this pet. I also understand that an animal hospitalized will be requires to have current vaccinations and will be vaccinated prior to admission if not current.

Signature of Owner or Authorized agent: _____ Date: _____