



WELCOME TO GWINNETT ANIMAL HOSPITAL



We are pleased you are giving us the opportunity to care for your pet. Please take a few moments to fill in this form **completely** so that we may better serve you. Thank you!

PERSONAL INFORMATION

Owner:		Spouse/other:	
Street Address:		City:	Zip:
Home Phone:	Cell:	Other:	
Driver's License #:		E-mail Address:	
Emergency contact:		Emergency Phone:	

How did you hear about us?

<input type="checkbox"/> Internet	<input type="checkbox"/> Hospital Sign	<input type="checkbox"/> AAHA Referral	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Individual - someone we may thank? _____		<input type="checkbox"/> Other _____	

****Authorized agents in owner's absence:** List below any person(s) other than yourself/spouse that is authorized to make decisions regarding the care of your pet. Please be aware that these are the **only** people we will allow to make medical decisions in your absence unless otherwise stated in writing, and that you are financially responsible for all care provided. **If this section is not completed, you authorize that you allow all agents (incl. Gwinnett Animal Hospital) to make decisions for your pet and that you are responsible for all ensuing charges.**

- I **do not** authorize **any** other person(s) to act as my agent in my absence regarding medical care of my pet.
- I authorize **all** other agents, **including Gwinnett Animal Hospital**, to care for my pet in my absence.
- I authorize **only** the individuals listed below:

Agent Name	Phone Number	Relationship to Owner

PET INFORMATION

Name:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Age/birthday:
Breed:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Color/markings:	Date of last vaccines:	
Any prior surgery/illnesses/allergies?		

I HEREBY AUTHORIZE THE VETERINARIANS AND/OR STAFF OF GWINNETT ANIMAL HOSPITAL TO EXAMINE, PRESCRIBE AND/OR TREAT THE PET NAMED ABOVE. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET. I ALSO UNDERSTAND THAT GWINNETT ANIMAL HOSPITAL DOES NOT OFFER CREDIT - ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

SIGNATURE _____

DATE _____