



Lawrenceville-Suwanee Animal Hospital

900 Lawrenceville-Suwanee Road
Lawrenceville, GA 30043
(770) 963-0184

PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete BOTH pages of this information sheet.

Date _____

Owner's Name _____ Spouse/Other _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

What phone number is it best to call about your pet? _____

In case of EMERGENCY, please call _____ at phone number _____

Please check your preference(s) for Appointment Reminders: Email _____ Text _____ Phone _____

Please check your preference for Vaccine/Treatment Reminders: Email _____ OR Postcard _____

Would you like to receive periodic Newsletters and updates via Email? Yes _____ No _____

Primary Email Address _____

Secondary Email Address _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

For your convenience we accept Cash, Visa, MasterCard, Discover, American Express and CareCredit.

We do not accept checks from non-clients or first time clients

We love to share pet pictures on our social media networks. Please initial here if we can include your pet in the fun and don't forget to follow us to see all of our updates! _____

How did you first hear of our hospital?

Client Referral: Name of Client _____ Hospital Sign

Angie's List Facebook/Social Media Website Mural Other: _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I understand and authorize the doctor to provide vaccines and parasite control as needed for my hospitalized or boarded pet. I certify that I am 18 years of age or older and the owner (or duly authorized agent for the owner) of all pets listed on this account.

Signature _____ Date _____

Please continue to next page to complete your pet's information

