

Animal Hospital of Dunwoody Village

Client Registration Form

Your Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Other person, if any, sharing responsibility for your pet:

Name: _____ Phone: _____

Why did you select our clinic? _____

Pet Information:

Name	Species	Breed	Gender	Spayed/Neutered	Color	Age/DOB
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

Are you the owner/legal guardian of this pet(s)? Y / N If not, how related? _____

Previous Veterinarian/Animal Hospital: _____

City & State: _____

May we obtain your pet's medical records from the above veterinarian/animal hospital? **Y / N**

If any, what boarding and/or grooming facilities would you like us to fax your pet's records to?

I hereby give permission to fax my pet's records to the facilities listed above.

X_____

NOTE: We have trained staff to hold your pet during examination or treatment. If you elect to restrain your own pet during examination/treatment, please understand we cannot be responsible for any injury incurred to you or your pet.

X_____ (*Initial, indicating approval*)

Please circle the type(s) of payment you prefer: *Credit Card Cash Check*

I have read, understood, and verify all information provided by me above.

Signature: _____ Date: _____