



# 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Email addresses are used for sending out patient reminders, important messages/alerts and periodic specials.

Employer's Name & Address \_\_\_\_\_

Spouse's / Other's Employers & Address \_\_\_\_\_

At what time \_\_\_\_\_ and at what phone number \_\_\_\_\_ is it best to call about your pet?

In case of EMERGENCY, please call \_\_\_\_\_ at phone number \_\_\_\_\_

**We will gladly prepare an estimate for you upon request. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If you pay by check or credit card please complete the following. WE CANNOT ACCEPT CHECKS WITHOUT DRIVER'S LICENSE NUMBER AND SOCIAL SECURITY NUMBER ON FILE.**

Charging is done only through credit cards:

Credit Card Type \_\_\_\_\_ Acct. Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

### For Check Writing:

Bank \_\_\_\_\_ Driver's License: State/# \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

### How did you first hear of our hospital?

- Individual; someone we may thank? \_\_\_\_\_  Referral  Hospital Sign
- Bell South Yellow Pages  Community Pages (Red Book)  Website  Mural

**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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of client \_\_\_\_\_ Please complete all information for each pet

|   | Pet #1 | Pet #2 | Pet #3 |
|---|--------|--------|--------|
| Name  |        |        |        |
| Species (cat, dog, other)                       |        |        |        |
| Breed   |        |        |        |
| Description (color)                             |        |        |        |
| Age   |        |        |        |
| Date of Birth                                   |        |        |        |
| Sex   |        |        |        |
| Neutered or Spayed                              |        |        |        |
| Diet (kind of pet food)                         |        |        |        |
| Hours Spent Outside Each Day                    |        |        |        |
| VACCINATION & LAB HISTORY<br>(Dates Last Given) |        |        |        |
| (Dog) DHLPPC                                    |        |        |        |
| (Dog) Bordetella                                |        |        |        |
| (Dog) Lyme                                      |        |        |        |
| (Dog) Rabies                                    |        |        |        |
| (Dog & Cat) Heartworm Test                      |        |        |        |
| (Dog & Cat) Heartworm Prevention                |        |        |        |
| (Dog & Cat) Stool Check                         |        |        |        |
| FVRCP (Cat)                                     |        |        |        |
| Leukemia (Cat)                                  |        |        |        |
| Rabies (Cat)                                    |        |        |        |
| FIP (Cat)                                       |        |        |        |
| FIV (Cat)                                       |        |        |        |
| Feline Leukemia Test (Cat)                      |        |        |        |
| Feline Aids Test (Cat)                          |        |        |        |

Name and phone # of previous Veterinarian or Hospital for vaccination/medical history on your pet(s):