

# Laurel Springs Animal Hospital P.C.

## Client and Patient Information

Owner/Agent \_\_\_\_\_

Pet's Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

\_\_\_\_\_

Species:  Dog  Cat  Rabbit

Home Phone (    ) \_\_\_\_\_

Other \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Breed: \_\_\_\_\_

Email \_\_\_\_\_

Color: \_\_\_\_\_

Occupation \_\_\_\_\_

Sex:  Male  Female  Neutered  Spayed

Co-Owner \_\_\_\_\_

Obtained From:  Pet Store  Breeder

Home Phone (    ) \_\_\_\_\_

Humane Society  Other \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

You have your pet primarily for:  Show  Breeding

Occupation \_\_\_\_\_

Companionship  Work  Other \_\_\_\_\_

Referred by \_\_\_\_\_

Number of Pets in Household: Dogs \_\_\_\_ Cats \_\_\_\_

Your Regular Veterinarian is:

Other \_\_\_\_\_

Dr. \_\_\_\_\_

Your Pet is:  Indoors/Outdoors  Only Indoors  
 Only Outdoors

Practice \_\_\_\_\_

When outdoors your pet is:  Loose

Address \_\_\_\_\_

Leashed  Fenced  Other \_\_\_\_\_

\_\_\_\_\_

Has your pet been outside GA?  Yes  No

Phone (    ) \_\_\_\_\_

If Yes, where? \_\_\_\_\_  
When? \_\_\_\_\_

Fax (    ) \_\_\_\_\_

Your Pet's usual diet is: \_\_\_\_\_

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent Printed Name \_\_\_\_\_