



PATIENT & CLIENT INFORMATION

*Thank you for giving JCVC the opportunity to care for your pet.
So that we may become better acquainted, please complete the following:*

Owner: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

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

E-mail: _____ Driver's License # / State: _____ County: _____

Place of employment: _____ Occupation: _____

Employment address: _____

Spouse's employment: _____ Occupation: _____

Spouse's employment address: _____

If necessary, may we contact you at work? Yes No

How did you become aware of our clinic? Other Clinic/Hospital: _____ Website (Please Specify): _____

Personal recommendation by: _____ Drive-by LocalVets.com

Yellow Pages (Please Specify): Atlanta Cumming Gwinnett Roswell/Alpharetta Other: _____

Payment for all services is required at the time they are rendered. *Please indicate your choice of payment.*

Cash MasterCard Visa American Express Discover Care Credit

So that we will be best be able to suit your individual needs, please check the statement that you feel most accurately applies to you:

- I consider my pet a member of the family and I want the best medical care available.
 I want good medical care for my pet, but there is a limit to what I am able to have done.
 I want you to perform only the services that are absolutely necessary.

Pet History

Name: _____ Species: _____ Breed: _____

Birthdate: _____ Sex: Male Neutered Female Spayed Color: _____

Microchip Number: _____ Tattoos / Markings: _____

Previous Veterinary Clinic: _____ Phone: _____

Chronic Illnesses: _____

Previous Injuries: _____ Previous Surgeries: _____

Know Allergies to: Drugs: _____ Food: _____

Vaccines: _____ Other: _____

Is your pet on heartworm prevention? Yes No What kind? _____ Last time given? _____

Is your pet currently on flea prevention? Yes No What kind? _____ Last time given? _____

Currently on medication? Yes No *Please specify:* _____

Type and amount of food: _____ Table scraps? Yes No

Origin of pet: Pet Store Kennel Humane Society Breeder Friend Other: _____

How long have you owned your pet? _____ Are there any other pets in your home? Yes No What kind? _____

How many hours is your pet outside each day? _____ Afraid of storms? Yes No

Reason for today's visit: _____

I hereby grant authority to the Veterinarian or Veterinarians in charge of the care of the pet described above to administer any treatment, or to administer such anesthetics and to perform such operations as deemed necessary or advisable in the diagnosis and treatment of this pet. I also understand that any animal hospitalized will be required to have current vaccinations and will be vaccinated prior to admission if not current.

Signature of Owner or Authorized Agent: _____ **Date:** _____