



LANIER ANIMAL HOSPITAL

5700 Cumming Highway

Sugar Hill, GA 30518

tel: 770.831.5965

fax: 770.831.3043

www.lanieranimalhospital.com

Thank you for giving us the opportunity for your pet. Please help us to better meet your needs by taking a few moments to fill out this information form. There are times of emergency when we must be able to reach the owners immediately, which is why we need so many ways to contact you. Please take your time to give us as much information as possible so we may reach you during emergencies.

Owner: _____ **Title:** _____

(Last, First)

Address: _____ **Apartment #:** _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Email Address:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **DL or SSN:** _____

Employer: _____

Spouse/Other: _____ **Cell Phone:** _____

Emergency Contact and Phone: _____

*** It is extremely important that we have vaccination information on all of your pets. Please provide the name and contact information for your previous or current veterinarian so that we can obtain this information. Please give the receptionist any medical records you have with you today so that we can update your pet's medical file.

Previous Vet: _____

How did you hear of our hospital?

- () Friend. Someone we may thank? _____
- () Yellow Pages, or other telephone directory? _____
- () Hospital Sign/Hospital Location? _____
- () Other advertising, etc. Please state: _____

Please complete information for all your pets.	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, etc...)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex (Please Circle)	Male / Female	Male / Female	Male / Female
Spayed or Neutered (Please Circle)	Yes / No	Yes / No	Yes / No
Diet (Name of your pet's food)			
Medications used			
Flea products used			
Heartworm prevention used			
Hours spent outside each day			

** for more than 3 pets please ask for an additional sheet*

If any of the above pet(s) are on medication, please list below:

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATIONS.

Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed in this form and additional pets I present. **Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated.** I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. All accounts unpaid after 30 days receive a \$5.00 Billing Charge each month and a late charge, computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00%, with a minimum monthly charge of \$1.00. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Signature: _____ **Date:** _____