

**West Marietta Veterinary Clinic****770-439-1994**

2985 Powder Springs Road

Marietta, Ga. 30064

West Cobb Veterinary Clinic**770-439-1996**

4327 Brownsville Road

Powder Springs, Ga. 30127

First Visit Patient Information and Registration

Owner's Name _____

Date _____

Spouse/Other _____

Employed By _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Primary Phone _____

Work Phone _____

Cell Phone _____

Drivers License # _____

Email _____Pet's Name _____ ☐ Dog ☐ Cat ☐ Other

Approx Date of Birth _____ Breed _____ Color _____

Sex ☐ Male ☐ FemaleSpayed/Neutered? ☐ Yes ☐ No

Approx Date of Last Vaccines _____ What Vaccines Given _____

Vet Clinic Where Vaccines Given _____

Please state what you would like us to do for your pet _____

Intend to pay by ☐ Check ☐ Cash ☐ Card (We accept Visa, Mastercard, Discover, Debit and Care Credit)

I authorize my pet's vaccines to be brought current to Animal Health Service, Inc. standards at my expense. I give permission to tranquilize or anesthetize my pet only if deemed absolutely necessary by the veterinarian. I understand that some risks are involved, assume responsibility for this animal, charges incurred in his/her care, and understand the charges are to be paid in full at the time of release, with no billing. I understand that failure to make payment may result in being sent to debt collection agency and I will be responsible for any fees incurred for collection efforts.

Signed _____ Date _____

How did you hear of Animal Health Services? ☐ Internet ☐ Yellow Pages ☐ Other _____**Thank you. We appreciate you.**

Is there an individual we may thank for your referral? _____