

CLIENT # _____

**Pet Care Associates • 5250 Hog Mountain Rd • Flowery Branch, GA 30542
770-965-3773**

CLIENT INFORMATION

LAST _____ FIRST _____ SPOUSE/PARTNER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

HOME PHONE _____ CELL PHONE _____

WORK # _____ PLACE OF BUSINESS _____

DRIVER'S LICENSE # _____ REFERRED BY _____

ADDITIONAL CONTACT FOR EMERGENCY OR AUTHORIZED PICKUP

NAME _____ TEL # _____

ESSENTIAL PET INFORMATION

| Pet Name | Species | Breed | Age (DOB) | Color | Sex (M or F) | Neutered (Y or N) | Spayed (Y or N) |
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If your pet(s) travel (or have traveled) out of the area, where? _____

AUTHORIZATION

I am the owner of the listed animal(s) and assume responsibility for all charges incurred in the care of this animal(s) including any collection and/or attorney's fees. I understand that unpaid balances will accrue interest at 18% APR and a \$35.00 fee will be charged for return checks.

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines (DHLPPC, Rabies and Bordatella for dogs: FVRCP and Rabies for cats) and free of internal and external parasites. If vaccinations cannot be verified, I understand that the doctor will provide vaccines and parasite control as needed and I as owner shall be responsible for these charges.

Hospitalization and boarding can be stressful for pets. Pets may experience gastrointestinal upset (vomiting and/or diarrhea) and occasionally hidden medical problems can be exposed, especially in the geriatric patient. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the treatment expense involved.

I understand that payment is due at the time services are rendered and that a deposit may be required for surgical procedures and hospitalization. We will gladly prepare a written estimate. Please ask the doctor or receptionist.

OWNER _____ WITNESS _____ DATE _____