Acworth Animal Hospital

WELCOME

Thank you for giving us the opportunity to care for your pet. To ensure the pet care possible, please take the time to fill in this form completely. Thank you!

Owner _____ Email Address _____

Spouse/Secondary Owner _____

Address _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Secondary Number _____

How did you hear about our hospital? _____

Pet History:

Name of Pet _____ Dog ____ Cat ____ Other ____

Breed _____ Color _____ Age/Birthday _____

Male _____ Female _____ Spayed/Neutered _____ Is your pet current on vaccinations? Yes _____ No _____

If so, where and when were the vaccinations given? _____

Please check any problems that you have noticed about your pet:

- ☐ Behavioral Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Bugging or Bloodshot
- ☐ Gagging
- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst/Urination Increase
- ☐ Vomiting
- ☐ Weakness
- ☐ Other

Pet's Current Medication _____ Special Diet _____

I understand that payment is required at time services are rendered and that any deviation from this procedure must be discussed in advance of treatment. After 30 days a monthly service charge will be added on the account plus any fees or costs involved in collections. I also authorize any doctor employed by Acworth Animal Hospital to treat my pet(s) as agreed. I understand that situations may arise during anesthesia, hospitalization, or boarding which may require immediate medical or surgical attention. I request that an attempt be made to contact me should the need arise, but I authorize the attending veterinarian to proceed as needed for the most successful outcome. I have read and understand the above.

By signing below, I confirm that I am over 18 years old.

Signature _____ Date _____

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Client/Pet Photograph Release Form

Acworth Animal Hospital maintains an internet (website, Facebook, Instagram, Google, etc.) and public relations (flyers, mailings, etc.) presence for purposes including marketing and client education. Part of this presence includes posting and disseminating photographs of our practice and its daily workings. Therefore, we may be interested in using images of your pet(s) and/or family as part of the effort to maintain, expand, and educate the public about our business and services. We would refer to pets and people pictured by **first name only**, if at all.

Please let us know how we may use/post photographs of your pet(s) and/or family:

_____ AAH has my permission to use or post photographs of my pet(s) and/or family

_____ AAH has my permission to use or post photographs of my pet(s) and/or **adult (18+ years old) family members ONLY**

_____ AAH has my permission to use or post photographs of my pet(s) only

_____ AAH does NOT have my permission to use or post photographs of my pet(s) or family.

_____ _____

Name (Print) Client Number

_____ _____

Signature Date