



Client Information

Name: _____ Phone Number: _____
 Address: _____ City, State: _____
 Zip Code: _____ Apt/Unit#: _____ County: _____
 Spouse/Partner: _____ Secondary Number: _____
 E-Mail: _____ 18 years of age or older? _____
 How did you learn about our practice? _____

Pet's Name: _____ Species: _____ Sex: _____
 Neutered/Spayed: _____ Age: _____ DOB: _____
 Breed: _____ Color: _____
 Microchip Number: _____ Insurance: _____
 List any allergies to vaccinations or medications: _____
 Previous Veterinarian: _____
 List any previous diagnosis, major illnesses or injuries: _____

Vaccination/Wellness History

DOG	CAT
<input type="checkbox"/> Rabies	<input type="checkbox"/> Rabies
<input type="checkbox"/> Distemper (DHPP)	<input type="checkbox"/> Distemper (FVRCP)
<input type="checkbox"/> Bordetella (Kennel Cough)	<input type="checkbox"/> Feline Leukemia (FELV)
<input type="checkbox"/> Leptospirosis	<input type="checkbox"/> FELV/FIV Combo Test
<input type="checkbox"/> Influenza (H3N2 & H3N8)	<input type="checkbox"/> Fecal Screen
<input type="checkbox"/> Heartworm Test (HWT)	
<input type="checkbox"/> Fecal Screen	

Current Medications:

____ (initial) I hereby grant Johns Creek Veterinary Clinic, its representatives and employees, permission to take photographs/videos of myself and/or

pet for such purposes as publicity, illustration or advertising in print and/or electronically.

____ (initial) I hereby grant Johns Creek Veterinary Clinic, its representatives and employees, permission to share my pet's full medical record with any and all board certified grooming, boarding and/or medical facilities.

____ (initials) I authorize the veterinarians and staff of Johns Creek Veterinary Clinic to examine, prescribe, for and treat the above described pet. I assume responsibility for all the charges incurred for the care of the animal. I also understand that all professional fees are due at the time of service. Checks are not authorized as a form of payment.



Client Information

Owner or Authorized Representative Signature

Date