



## New Client & Pet Information Form

Euharlee Animal Clinic  
790 Euharlee Rd. Suite H  
Cartersville, GA 30120  
(770) 607-2204  
(770) 607 2234 fax

Thank you for choosing our animal clinic. We pride ourselves on offering quality medical care for your special pet. Please complete this form so we can accurately enter your information into our files. We look forward to serving you and caring for your pet's needs for many years to come!

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Owners Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about us? Phone Book:  Drove By:  Internet:  Clinic Mailing:  Referral:  Other:

Whom may we thank for referring you? \_\_\_\_\_

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Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Male  Female  Spayed/Neutered

When was your pet last vaccinated? \_\_\_\_\_ Where? \_\_\_\_\_

Where does your pet stay: Inside  Outside  Both

What type of food does your pet eat? (brand, canned, dry, table food etc) \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Any past medical problems? \_\_\_\_\_

What medication is your pet currently taking? \_\_\_\_\_

*NOTE: We have trained staff to hold your pet during examination or treatment. If you elect to restrain your own pet during examination/treatment, please understand that we cannot be responsible for any injury incurred to you or your pet. \_\_\_\_\_ (Initial, indicating approval)*

We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in treating your pet and accept that **payment is due when services are rendered**. Please feel free to ask for an estimate prior to us providing services. We accept cash, check, major credit cards and care credit as forms of payment. Please be advised that there will be a charge for any checks returned for non-sufficient funds. Also, be aware that although we strive to provide your pet with the best medical care available, adverse events and effects including death are always possible. By signing below you acknowledge that you are at least 18 years of age and authorize Euharlee Animal Clinic and its agents to care for and treat your pet's medical needs. Your signature also acknowledges that you have read and agree to the above statements.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_