



LANIER ANIMAL HOSPITAL

5700 Cumming Highway
Building B
Sugar Hill, GA 30518
tel: 770.831.5965
fax: 770.831.3043

www.lanieranimalhospital.com

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a few moments to fill out information below. There are times of emergency when we must be able to reach owners immediately, so please give us as much information as possible.

Owner: _____
(Last, First)

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Email Address:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

2nd Contact: _____ **Cell Phone:** _____

Emergency Contact and Phone: _____

Which form of communication do you prefer for service reminders & promotions?

Phone, Email or Text? _____

*** It is extremely important that we have vaccination information on all of your pets. Please provide the name and contact number for your previous or current veterinarian so that we can obtain this information. Please give the receptionist any medical records you have with you today so that we can update your pet's medical file.

Previous Vet: _____

How did you hear about our hospital?

() Friend. Someone we may thank? _____

() Internet Search/Website? _____

() Hospital Sign/Hospital Location? _____

() Other Please list: _____

Please complete information for all your pets.	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, etc...)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex (Please Circle)	Male / Female	Male / Female	Male / Female
Spayed or Neutered (Please Circle)	Yes / No	Yes / No	Yes / No
Diet (Name of your pet's food)			
Medications used			
Flea products used			
Heartworm prevention used			
Hours spent outside each day			

** for more than 3 pets please ask for an additional sheet*

If any of the above pet(s) are on medication, please list below:

To help prevent the spread of infectious diseases, all hospitalized and boarded animals must be current on all vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATIONS.

Vaccinations can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform services, including surgery upon the pet(s) listed in this form and additional pets I present. **Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital. We accept cash, debit, credit cards & ScratchPay for payment.** I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signature: _____ **Date:** _____