



770-213-3551
4280 Hickory Flat HWY, Suite 112 - Canton, GA 30115

WELCOME TO OUR PRACTICE!

Primary Contact First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Cell Phone _____

Email Address _____ (This will give you access to your Pet Portal)

Driver's License # _____ State _____ Birthdate _____

Employer _____ Work Phone _____

Secondary Contact First Name _____ Last Name _____ Secondary Contact # _____

How did you hear about us? Please circle one: Facebook - Internet Search - Flyer - Magazine - Sign

If you were referred by someone _____

Referrals are the highest praise we can receive. We offer a \$20 account credit for EACH new client referral.

PET INFORMATION

Pet's Name _____ Birthdate _____ Breed _____ Color _____

Please Circle one: Male or Female? Spayed/Neutered?

Previous Animal Hospital/Vet _____

Pet's Name _____ Birthdate _____ Breed _____ Color _____

Please Circle one: Male or Female? Spayed/Neutered?

Previous Animal Hospital/Vet _____

***ALL CHARGES ARE DUE AND PAYABLE UPON PATIENT'S RELEASE ***

It is our policy to provide you with an estimate of charges, when requested, for any medical treatment, surgery or hospitalization that will be provided. A deposit may be required prior to treatment, based upon the amount of the estimate.

We accept: Visa, MasterCard, American Express, Cash, and Care Credit