

WELCOME TO OUR PRACTICE!

Webb Bridge Animal Hospital

Thank you for giving us the opportunity to care for your pet.

Please take a moment to fill out this form so we may get to know you and your pet better.

Name: _____

Residence Address: _____

City: _____ State: _____ Zip: _____ County: Fulton Forsyth
 DeKalb Other

Cell: _____ Home: _____

Alternate Contact: _____ Phone: _____

Pets Name: _____ Date of Birth: _____

Breed: _____ Color: _____

Sex: Female Male Spayed/Neutered: Yes No Micro chipped: Yes No

Name and number of Previous Vet: _____

Does your pet have any drug allergies? Yes No If yes, please explain: _____

Has your pet had any reactions to vaccines in the past? Yes No If yes, please explain: _____

How did you learn of our practice: If personal recommendation - Whom may we thank? _____

Sign Yellow Pages Internet Other: _____

I authorize Webb Bridge Animal Hospital to use my email address for: email reminders, Pet Portal and pet health information.

◆ **Please Mark/Initial one:** _____ **Yes**
_____ **No**

E-Mail: _____

Your address will not be transferred, sold, or shared with a third party.

I hereby grant Webb Bridge Animal Hospital permission to use my family and pet's photo (s) on its website, publications and in clinic software.

◆ **Please Mark/Initial one:** _____ **Yes**
_____ **No**

I assume responsibility for all charges incurred in the care of my animals. I also understand that all fees will be paid at the time of release and that a deposit is required for some medical and surgical treatments.

Payment methods accepted: Cash, Check, Master Card, Visa, Discover, American Express and Care Credit

Signature of Owner: _____ Date: _____

*Keeping your pet healthy and happy is our goal!
Again, thank you for giving us the opportunity to serve you.*