

Mountain Park Animal Hospital



5324 Five Forks Trickum Rd. Lilburn, Ga. 30047 770-921-2965

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Mountain Park Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following

Dr., Mr., Mrs., Ms.

OWNER _____ CO-OWNER _____
LAST FIRST INITIAL LAST FIRST INITIAL

CHILDREN _____
FIRST NAMES

ADDRESS _____
STREET

CITY COUNTY STATE ZIPCODE

RESIDENCE PHONE _____ CELL# _____ CELL# _____

OWNER CO-OWNER

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT _____ ADDRESS _____
EMPLOYER TITLE

OWNER'S WORK PHONE _____ CO-OWNER'S WORK PHONE _____

CO-OWNER'S PLACE OF EMPLOYMENT _____ ADDRESS _____

IF NECESSARY, MAY WE CALL YOU AT WORK? (Please circle) YES NO

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? (Please circle one) Internet Hospital Sign
Yellow Pages Previous Client Professional Referral

Personal Recommendation - Whom may we thank? _____

So that we are better able to suit your individual needs – which do you feel most applies to you:

Select One:

- I feel that my pet is another member of our family.
- I feel that my pet is just a pet.

Select One:

- I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
- I want good medical care for my pet; please recommend anything that you feel is necessary for good health.
- I want you to perform only the services that I request.

Select One:

- I want to learn as much as I can about pet health care; please explain in detail what has been done for my pet or what is needed.
- I would prefer you just summarize what has been done for my pet or what is needed.
- I want my pet healthy, but don't need to know what has been done.

Select One:

- I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined and treated.

WOULD YOU LIKE US TO KEEP YOU INFORMED ABOUT PROCEDURES
TO LENGTHEN YOUR PET'S LIFE? YES NO

(OVER)

How old was your pet when you acquired it? _____
 How many hours is your pet outside each day? _____
 What is the best time to reach you at home? _____
 What prior illness or surgery should we know about? _____

All fees are due upon release of patient. Please indicate your choice of payment.

Cash ☐ Check ☐ Major Credit/Debit Card ☐ Care Credit ☐ (Ask an employee for more info)

PET INFORMATION (Please fill in the following for each pet.)

	PET 1	PET 2	PET 3
NAME			
SPECIES Cat, Dog, Other			
BREED			
COLOR/MARKINGS			
DATE OF BIRTH			
SEX			
SPAYED OR NEUTERED			
DATES VACCINATED			
DHPP (Dog)			
BORDETELLA/INTRATRAC			
LEPTOSPIROSIS			
RABIES			
FVRCP (Cat)			
HEARTWORM TEST			
INTESTINAL PARASITE EXAM (Worms)			
DENTISTRY			
FELINE LEUKEMIA TEST (Cats)			
FELINE LEUKEMIA VACCINE			
ON HEARTWORM PREV.?			
ON OTHER MEDICATION(S)?			

Are any of the following a concern to you in your pet's behavior? (Please Circle)

Excessive Barking Biting Shedding Straying from Home House Breaking
 Smell Problem around children Excessive itching/scratching
 Wetting/Spraying in House Overly Rambunctious/Overly Enthusiastic

Would you be interested in learning how to improve your pet's manners? (Please Circle) Yes No

Is your pet currently on a special diet or medication(s)? _____

What health care or grooming products are you currently using? _____

List any know drug allergies. _____

 Client's Signature

Again, thank you for giving us the opportunity to serve you.