



85 Buford Highway  
Suwanee, GA 30024  
(770) 271-8716  
FAX (770) 271-1944  
www.suwaneeanimalhospital.com

Hours:  
Monday-Thursday 7 am-8 pm  
Friday 7 am-6 pm  
Saturday 8 am-4 pm  
Closed Sundays/Major Holidays

## NEW CLIENT/NEW PET INFORMATION FORM

### CLIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_  
Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Employer/Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Spouse Last Name: \_\_\_\_\_ Spouse First Name: \_\_\_\_\_  
Spouse Cell Phone: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

How did you learn about Suwanee Animal Hospital and our services?

- Yellow Pages  Brochure/Flyer  Word of Mouth  ValPak  Money Mailer Coupon  Festival  
 Internet  Other \_\_\_\_\_

If Word of Mouth, who may we thank for the recommendation or referral? \_\_\_\_\_

### PET INFORMATION

Your Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Altered?  yes  no Breed: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Color: \_\_\_\_\_  Male  Female Date of last vaccinations: \_\_\_\_\_  
Name of previous veterinarian or practice: \_\_\_\_\_  
Surgeries other than spay or neuter: \_\_\_\_\_  
Is your pet currently on heartworm preventative?  yes  no If yes, what kind? \_\_\_\_\_  
Is your pet allergic to any drugs, flea sprays, or dips?  yes  no If yes, what? \_\_\_\_\_

Briefly list any medications your pet is currently taking as well as any medical problems:

\_\_\_\_\_

Briefly state the nature of your pet's problem or veterinary services desired today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If, for any reason, I fail to pay Suwanee Animal Hospital in full and the debt becomes more than 90 days old, I agree to repay Suwanee Animal Hospital in full and will be responsible for any collection fees incurred if my bill must be given to a collection agency.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_