

Dogwood Veterinary Hospital & Laser Center
 24 Hospital Road
 Newnan, GA 30263
 770-253-3416
 www.dogwoodvetlasercenter.com
 friends@dogwoodvet.com



CLIENT INFORMATION

First	Last	Spouse/Significant Other
Address	City	State Zip
Phone () -	Cell () -	Work () -
Email	Employer	
Driver's License #	State	Exp

How Did You Become Aware of Dogwood Veterinary Hospital & Laser Center?

Saw Sign	Brochure	Website	Yellow Pages	Other
Referred by Friend?	Whom May We Thank?			
Referred by Veterinarian?	Whom May We Thank?			
Are you?	Active/Retired Military	First Responder	Senior	

PATIENT INFORMATION

Pet's Name	Species: Dog	Cat	Other:
Breed	Color	Date of Birth or Estimated Age	
Sex: M F	Spayed/Neutered	Yes	No
Previous Veterinarian	Phone () -		
Reason for Today's Visit			
Prior Surgeries or Illnesses?	Date		
Allergies?			

Is This Your Only Pet?	Yes	No	If No, Please List Your Other Pets Below:	
Name	Cat	Dog	Other	Age
Name	Cat	Dog	Other	Age
Name	Cat	Dog	Other	Age

Medical and Surgical Release

I hereby consent and authorize Dogwood Veterinary Hospital & Laser Center and attending doctors to receive, prescribe for, treat and/or operate upon my pets named on this form. To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines, and free of internal and external parasites. I authorize the doctor to provide vaccines and flea and/or parasite control for my pet at my expense. I take full responsibility for payment of any charges incurred for treatment to my pet or pets. I understand that I am fully, financially responsible for all charges at the time the services are rendered.

For your convenience, we accept the following forms of payment:
 CASH CHECK DEBIT VISA MASTERCARD AMERICAN EXPRESS DISCOVER CARE CREDIT
 ASK US ABOUT PET INSURANCE TODAY!

Signed	Date
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