



Welcome to Griffin Animal Hospital

It is our pleasure to have you as our client.
Please tell us about you and your pet below.

Chart # _____

Owner's Name _____ Driver's License # _____

Address _____ Spouse/SO _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

E-Mail Address _____ Emergency Contact _____

(Name & number)

How did you find us? _____ Internet _____ Yellow Pages _____ Other _____

Active Military Y/N Senior Citizen Y/N (over 65)

Household Info: Other Pets Y/N No. of Dogs _____ No. of Cats _____ Other _____

PET HEALTH HISTORY:

Name of Pet _____ Dog _____ Cat _____ Other _____

Breed _____ Color _____ M/F Neutered /Spayed Date of Birth _____

Weight _____ Micro-chipped Y/N Number _____

Previous Veterinarian _____ Phone No (____) _____ Records Available Y/N

Reason for Visit _____

Current Medications _____ Heartworm/Flea Protection _____

Current Diet _____ Allergies _____

AUTHORIZATION:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Method of Payment: Cash _____ Check _____ MasterCard _____ Visa _____ Other _____