

# WELCOME!

Animal Hospital of North Gwinnett  
*Dr. David Crossett                  Dr. Jeff Wit*

We are pleased to welcome you to our practice.  
 We look forward to working with you in maintaining your pet's health.

## Owner Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
*Last Name* *First Name* *Initial*

Soc. Sec. # \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(For check writing purposes only)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Spouse or co-owner \_\_\_\_\_ Contact Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

## Pet Information

Pet's Name \_\_\_\_\_ ( Dog  Cat  Other \_\_\_\_\_)

Age/Birth Date \_\_\_\_\_ Sex  M  F Breed \_\_\_\_\_ Color \_\_\_\_\_ Microchip # \_\_\_\_\_

Neutered/Spayed  Yes  No At what age? \_\_\_\_\_ Do you have pet insurance?  Yes  No

At what age was the pet obtained? \_\_\_\_\_ Mos. / Yrs. Where did you obtain this pet? \_\_\_\_\_

Previous Vet Name/Practice Name \_\_\_\_\_ Phone \_\_\_\_\_

Describe any:  Prior illness \_\_\_\_\_  Prior surgery \_\_\_\_\_

Reason for pet's visit \_\_\_\_\_

## Payment

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist).  
**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

In cases of *extensive medical or surgical procedures* where full payment may be difficult at discharge, we accept major credit cards and Care Credit

There will be a service charge for any check returned unpaid.

If your account should become delinquent and require litigation or collection services, you will be responsible for all legal and collection fees.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites.

The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_