•ANIMAL HOSPITAL OF NORTH GWINNETT 2040 BUFORD HWY BUFORD, GA 30518 •

Dr. David Crossett • Dr. Jeff Wit

**PHONE** 770-945-9555 • **FAX** 770-945-3543 • **EMAIL** animalhospitalofng@yahoo.com • **WEB** animalhospitalofng.com

**CLIENT INFORMATION**

Last Name:_____ First Name: _____
Address: _____
City: _____ State: _____ Zip_____
Home Phone: _____ Cell Phone:_____
Email:_____ Driver's License Number:_____
Employer/Business Name: _____ Phone: _____
Spouse/Co-Owner Name: _____ Phone: _____
How did you learn about our practice? _____

**PET INFORMATION**

Pet's name: _____ Age/Date of Birth:_____
Cat/Dog (circle one) Male/Female (circle one) Breed: _____ Color:_____
Has your pet been neutered or spayed? _____ If yes, at what age? _____
Microchip number: _____
Name of previous veterinarian or practice._____
Is your pet currently on Heartworm Prevention? _____ If yes, which medication?_____
Is your pet currently on Flea Prevention? _____If yes, which medication? _____
Does your pet have any known allergies?_____ If yes, please list allergies._____
_____
List any medications your pet is currently taking._____
_____
Briefly list any medical problems._____
_____
Prior Surgeries other than spaying or neutering, please list here:_____
_____
Please state the reason for your pet's visit or services desired today._____

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PAYMENT

We will gladly prepare a written estimate of service fees if you desire, please ask a staff member. **ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept most major credit cards and Care Credit. There is a service charge on any check returned. 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 vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed the discharging invoice.

Signature of Client responsible for pet(s) _____ Date:_____