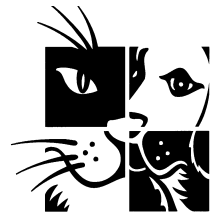


# Welcome to Grady Veterinary Hospital



Thank you for giving us the opportunity to care for your pet.  
We'll be happy to answer any questions you have about your pet's health.  
To insure the best care possible, please take the time to fill in this form completely.  
Thank you!

## OWNER INFORMATION

Owner \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

How did you learn of our hospital?  Yellow Pages  Recommendation - By Whom? \_\_\_\_\_

24 Hr. Service  Website  Other \_\_\_\_\_

Regular Veterinarian: \_\_\_\_\_

## PET INFORMATION

Name of pet: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate or Age: \_\_\_\_\_

Gender:  Male  Female Is your pet Neutered or Spayed?  Yes  No

Has your pet received vaccinations in the last year?  Yes  No

Why is your pet coming in to see us? \_\_\_\_\_

What medications is your pet taking currently? \_\_\_\_\_

Is your pet on monthly heartworm prevention?  Yes, product \_\_\_\_\_  No

Is your pet on monthly flea/tick prevention?  Yes, product \_\_\_\_\_  No

What brand of food do you feed your pet? \_\_\_\_\_

What treats do you feed your pet? \_\_\_\_\_

## 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 service and that a deposit may be required for treatment.

\_\_\_\_\_  
Signature of Owner or responsible agent Date \_\_\_\_\_