



FOREST PARK ANIMAL HOSPITAL

5136 JONESBORO RD.
LAKE CITY, GA 30260
(404) 366-1922

ELSTON ATKINS, D.V.M.

Dear Client,

To assist us in accurately maintaining your records, please complete this form. Your assistance will expedite your check in and will give us the necessary information in case of an emergency. THANK YOU for your cooperation.

CLIENT INFORMATION

DATE _____

Owner's name _____ Spouse's/Roommate's Name _____
 Address _____ Apt# _____
 City _____ County _____ State _____ Zip _____
 Place of Employment _____
 Home Phone _____ Work phone _____ Ext _____
 Driver's License # and State _____ Cell Phone _____
 Spouse/ Roommate cell # _____ Work# _____
 How did you become aware of our clinic? _____
 Email Address _____
 Emergency Contact and # _____

PATIENT INFORMATION

Name _____ Breed _____ Sex _____
 Spay or Neutered _____ Birthday _____ Color _____
 Date of last vaccination & where _____
 Any previous serious illnesses or surgeries? _____
 Any allergies to vaccinations or medications? _____

PAYMENT POLICY

Full payment is required upon rendering of services. Deposits are required on major medical/surgical cases, trauma cases, and emergency work where hospitalization is required. For your convenience we do honor VISA, MASTER CARD, DISCOVER AND AMERICAN EXPRESS.

Please indicate your choice of payment. Cash _____ Check _____ Credit/Debit card _____

*I hereby authorize the Forest Park Animal Hospital and its designated associates to treat, anesthetize, prescribe medication for, or perform specified diagnostic tests upon my animal named _____
I agree to pay for services rendered at the time my animal is discharged from the hospital or when service is otherwise completed.*

OWNER OR AGENT _____ DATE _____

Specializing in continuous excellent treatment of all pets