



175 N. HWY. 113  
CARROLLTON, GEORGIA 30117

OWNER \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PET'S NAME \_\_\_\_\_ DOG \_\_\_ CAT \_\_\_ MALE \_\_\_ FEMALE \_\_\_ AGE \_\_\_\_\_

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ NEUTERED \_\_\_ SPAYED \_\_\_\_\_

MOST RECENT VACCINES \_\_\_\_\_ WHERE \_\_\_\_\_

ANY ROUTINE MEDS? \_\_\_\_\_ PET ON HEARTWORM PREVENTITIVE? \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR HOSPITAL \_\_\_\_\_

MEDICAL RELEASE: I HEREBY CONSENT AND AUTHORIZE DR. TAFFY RHYNE OR ANY OTHER DOCTOR EMPLOYED BY ALL PETS AND PAWS ANIMAL HOSPITAL, TO RECEIVE, PRESCRIBE FOR, AND TREAT:

PET'S NAME \_\_\_\_\_

PAYMENT POLICY: **PAYMENT IS DUE AT TIME OF SERVICE. WE DO NOT ACCEPT CHECKS.** WE ACCEPT CASH, VISA, MASTER CARD, DISCOVER, AMERICAN EXPRESS, AND CARE CREDIT.

DATE \_\_\_\_\_ OWNER'S SIGNATURE \_\_\_\_\_