

CLIENT INFORMATION SHEET

Name (Last, First, Middle) If more than one owner, choose one name for files _____

Home Phone

() _____

Address _____

Mobile Phone

() _____

Apt City State zip

E-Mail address

Spouse/Co-owner _____

Work Phone

() _____

Pets Owners-Please Indicate County of Home Address

DEKALB COBB FULTON GWINNETT _____

DOG CAT

MALE

NEUTERED

FEMALE

SPAYED

Pet's Name

Breed

Color

Birth Date

AUTHORIZATION AGREEMENT

VACCINATION UPDATING. In order to stay, we require that pets be up to date on vaccinations and certain tests. These requirements may be obtained from the staff and are posted in our facilities. The attending veterinarian will have final discretion in determining the adequacy of vaccination. The doctors may vaccinate or test if it is determined that these requirements are not met and will charge the current fees for these procedures. Because vaccines do not confer immediate protection, pets are possibly at increased risk if they are vaccinated at the beginning of their stay. Vaccination at least 7 days prior to entry may reduce risk.

SERVICE I understand that pet service can induce stress and that pets occasionally contract respiratory, gastrointestinal and other disturbances and although rare, can result in illness, injury or even death. I understand that boarding reservations are required, that no specific size boarding space can be reserved and that smaller pets may be placed in smaller spaces. We cannot guarantee that your pet will go home free of fleas. *Leashes, collars, toys, or blankets may become lost or damaged when left with pets.* We do not board wolf hybrids or aggressive animals. This is a 7- day hospital but we are only staffed during posted business hours.

PAYMENTS OR DEPOSITS I agree to pay all charges at the time I pick up my pet and if requested all or partial charges before my pet is hospitalized. An estimate may change based on the discretion of the doctor. Fees for treatment of conditions that arise while staying in the facility may be charged using our current fee schedule. *Extra fees will be charged for special medication, feedings, or other extra items.*

PET SAFETY CHECK I consent to allow free pet safety check doctor examinations and blood to be taken if deemed appropriate by a doctor.

SOCIAL MEDIA CONSENT I give The People's Pets permission to take photographs and video of my pets and I for social media. (Face book, Twitter, You Tube, clinic website and etc.) Owner's initial _____
I do not want pictures of my pet or me on social media. Owner's initial _____

I consent to the conditions in this agreement

Pet Owner's Signature _____

Drivers License: State/Number _____

DOB _____

Date _____

THE PEOPLE'S PETS

VETERINARY HOSPITAL

www.thepeoplespets@comcast.net