



Lafferty Animal Clinic

10155 Haynes Bridge Road

Johns Creek, GA 30022

Phone: (770) 754-3004

Fax: (770) 754-3007

drlaff@mindspring.com

Owner Information

Title: Mr. Mrs. Ms. Dr. Rev.

Name: _____ Occupation: _____
 First Last

Spouse: _____ Occupation: _____
 First Last

Address: _____
 Street

 City County Zip

E-mail: _____

Home Phone: _____

Work/Cell Phone: _____

Spouse Work/Cell Phone: _____

May we call you at work about your pet? _____

How did you hear about Lafferty Animal Clinic? (please circle)

Yellow Pages

Friend-whom may we thank? _____

Hospital Sign/Drove by

Internet

Other _____

PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED. NO BILLING.

Pet Information

Name: _____ Sex: Male Female
 First Last

Has the pet been altered? Neutered Spayed Unaltered

Birth Date: _____ / _____ / _____ *Please estimate if unknown*

Type of Pet: Dog Cat Other: _____

Breed: _____ Markings/Color: _____

Known allergy or drug sensitivity? _____

Special Diet? _____

Particular behaviors or fears? _____

Previous surgeries or severe illness/conditions? _____

Vaccine Information: (Please provide the most recent date for all that apply)

Rabies:	<u> / / </u>	Distemper:	<u> / / </u>	Bordetella:	<u> / / </u>
Lyme:	<u> / / </u>	Lepto:	<u> / / </u>	Felv:	<u> / / </u>
Fecal Test:	<u> / / </u>	Heartworm Test:	<u> / / </u>	Other:	<u> / / </u>

Reason for visit: _____

I hereby grant authority to the Veterinarian(s) in charge of the care of the pet describe above to administer any treatment, anesthetics, and/or perform such operations as may be necessary or advisable in the diagnosis and treatment of this pet. I also understand that any animal hospitalized will be required to have current vaccinations and will be given the needed vaccinations prior to admission if no current.

Signature: _____ Date: _____