Lafferty Animal Clinic

10155 Haynes Bridge Road
Johns Creek, GA 30022
Phone: (770) 754-3004
Fax: (770) 754-3007
drlaff@mindspring.com

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:	__/__/__	Distemper:	__/__/__	Bordetella:	__/__/__
Lyme:	__/__/__	Lepto:	__/__/__	Felv:	__/__/__
Fecal Test:	__/__/__	Heartworm Test:	__/__/__	Other:	__/__/__

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:_____