



Marietta Vet Clinic
3696 Largent Way Suite 200
Marietta, GA 30064
404-919-5150

Date: _____

NEW PATIENT & CLIENT INFORMATION SHEET

Patient Information

Name	Date of Birth	Species	Breed	Color	Sex	Health History	Allergies to vaccines or medications	Current Medications

Client/Owner Information

Owner(s) Name: Last _____ First _____
 Mobile Phone _____ Secondary Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 Email _____
 Emergency Contact Name _____ Phone _____
 How did you hear about us? _____
 Is your pet microchipped? _____

Authorization & Consent

I hereby authorize and consent the veterinarian to examine, prescribe for, treat, sedate, anesthetize and/or operate upon any/all of my pets, whether listed above or not. I assume all responsibility for all charges incurred in care of my pet(s). I also understand that these charges will be paid at the time of release of release of my pet(s).

Signature of Owner _____ Date _____

Method of Payment Cash Check Credit Card Other _____