



SOUTH FORSYTH ANIMAL HOSPITAL
2200 Old Alpharetta Rd. Cumming, GA 30041

Welcome to South Forsyth Animal Hospital. We appreciate the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this form. Thank you!

Client(s)/Owner(s): _____ Spouse: _____

Address: _____

City & State: _____ Zip: _____ County _____

Preferred contact phone number: _____ (Is this: ___ home? ___ cell? ___ bus?)

Additional contact phone number: _____ (Is this: ___ home? ___ cell? ___ bus?)

Email address: _____

Providing your email address gives us authorization to communicate with you via email. You can opt out of receiving emails at any time and we will delete your email address from our system.

Place of employment: _____

How did you hear about us? We would like to thank any individual who referred you.

Driver's License Number _____ State _____

(Needed if planning to pay with a check)

Additional Pets Not Seen Today: _____ Cat/Dog M/F Fixed? Y/N _____ Cat/Dog M/F Fixed? Y/N
_____ Cat/Dog M/F Fixed? Y/N _____ Cat/Dog M/F Fixed? Y/N

At your request, we will gladly discuss cost of services and/or prepare a written estimate for recommended procedures. Professional fees are due at the time services are rendered. Deposits may be required for pets being admitted.

We accept cash, checks drawn from a local bank, debit cards, Visa, MasterCard, American Express and Discover Card.

We charge a \$35 fee for returned checks.

South Forsyth Animal Hospital does not bill or offer any type of payment plans. For those clients that may need financial assistance to provide for their pet's care and treatment, we do accept Care Credit. If you need more information about the Care Credit Plan, please ask one of our receptionists.

To prevent the spread of infectious diseases and parasites, we recommend animals be current on all vaccines. Pets with fleas will be treated with a topical or oral flea medication on admission, and the prescription price will be included in the invoice.

Photo Release: I grant to South Forsyth Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet and to use and publish the same in print and/or electronically.

I agree that South Forsyth Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web site/social media content.

The above may take photos of me and/or my pet

The above may **NOT** take photos of me and/or my pet

Signature _____ Date: _____

My signature indicates that I have read and understand the above policy.