

**IVY HILL ANIMAL HOSPITAL  
10030 MEDLOCK BRIDGE ROAD  
JOHNS CREEK, GA 30097  
770-418-1122  
FAX 770-418-1175**

PLEASE PRINT

**Owner's Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Employment \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employment \_\_\_\_\_

Work Phone # \_\_\_\_\_

Have you had another animal here before? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ Dog Cat Other (Please circle)

Breed \_\_\_\_\_

Color \_\_\_\_\_ Male/Female Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Is the dog on Heartworm Preventative? \_\_\_\_\_ If yes, what kind \_\_\_\_\_

Is this animal on any routine medication? \_\_\_\_\_

Has this animal been spayed or neutered? \_\_\_\_\_ When? \_\_\_\_\_

Date of most current vaccinations \_\_\_\_\_

Where were they given? \_\_\_\_\_

Does your pet have a microchip? \_\_\_\_\_ If yes, number \_\_\_\_\_

**BOARDING POLICY:**

We can provide boarding facilities for our clients. For your pet's protection, we do require that all vaccinations be current and proof thereof. In the event that your pet should become ill while boarding with us, we will take all necessary emergency actions. We will make every effort to contact you in case of an emergency. Boarding is charged each night that your pet spends with us.

**PAYMENT POLICY:**

Payment is due at the time of service. We accept cash, check, Master Card, Visa and Discover. There is a \$25.00 service charge for any returned checks. A finance charge of 1.5% per month (18% annual) will be accessed on any portion of a balance carried over 30 days.

**MEDICAL AND SURGICAL RELEASE:**

I hereby consent and authorize Dr. Donna Adams, Dr. Nell Tillis, or any other veterinarian employed by Ivy Hill Animal Hospital to receive, prescribe for, treat and perform the surgery (previously agreed upon) on \_\_\_\_\_  
(pet's name)

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_