

New Hope Animal Hospital  
"Caring for your Pets like Family"  
49 Hosiery Mill Rd. Suite #135  
Dallas, GA 30157  
770-485-1536

**PLEASE PRINT**

Owner's Name(s) \_\_\_\_\_ Spouse/sig other/friend/relative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone# (\_\_\_\_) \_\_\_\_\_ Work Phone#(s) \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Employer(s) \_\_\_\_\_

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

Have you brought an animal to New Hope Animal Hospital before? YES NO

Pet's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Species \_\_\_\_\_

What activities do you do with this patient? (Family Pet, Service Animal, Hunting, Agility, \_\_\_\_\_)

Does your pet have any previously diagnosed conditions that we should know about? ( Demodectic Mange, Diabetes, Surgeries, Kidney disease, Injuries, etc.) \_\_\_\_\_

Is your pet on any routine medication(s)? \_\_\_\_\_

Approximate date of current vaccinations \_\_\_\_\_ Where were they given? \_\_\_\_\_

Which heartworm preventative is your pet on? (Iverhart Max, ProHeart 6, Trifexis, etc.) \_\_\_\_\_

Where does your pet sleep at night? \_\_\_\_\_

MEDICAL AND SURGICAL RELEASE: I hereby authorize any veterinarian employed by New Hope Animal Hospital to perform diagnostic, therapeutic, and surgical procedures as are in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well being. The nature of such services will be previously agreed upon and describe to me. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered.

**All payments are due at the time of services rendered.**

We accept cash, checks, major credit cards, and Care Credit which can be approved in as little as 15 minutes. I have read and understand the above statements and agree to all terms therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_