Print Form

Winder Corners Animal Clinic

20 Monroe Highway, Winder, Ga. 30680 Phone # 770-867-8387

Owner Information

Last name	First name	Mid.Initial	Title Mr.◯ Mrs.◯ Ms.◯ Dr.◯ Other:
Address			Home phone
City and State	County	Zip Code	Cell or other phone
Employer's Name and Address		Position	Office phone
Spouse/Other (if applicable)	Employer	Position	Office phone
E-Mail Adress	May we call you at work? Yes ☐ No ☐		Referred by: (Whom may we thank?) Individual (name) _____
We frequently send health reminders and other important information by e-mail. May we communicate with you by e-mail? Yes ☐ No ☐			Online ☐ Phone Book ☐ Sign/Drive By ☐ Other: ☐ _____

Is there any other personal information that you feel is important?

_____

_____

_____

Payment is expected at the time of services. We accept cash, checks, Visa, Mastercard, Care Credit, and Discover. We *cannot* accept American Express.

Other payment arrangements are accepted only in cases of special circumstance and ***must*** *be discussed and approved prior to your pet being examined and/or receiving treatment.*

Please acknowledge that you understand the above information and that the information you have provided to us is accurate to the best of your knowledge by signing and dating in the blanks provided.

Signature_____ **Date** _____

*****Do not write below this point, for office use only*****

Pet Name	Species	Breed	DOB	Color/Markings	Sex	Special Concerns
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Discussed Zoonosis ☐ **Date**_____ **Initials**_____ **Discussed CIRD** ☐ **Date**_____ **Initials**_____

Winder Corners Animal Clinic

20 Monroe Highway, Winder, Ga. 30680 Phone # 770-867-8387

Pet Information

Pet's Name		Owner's Name	
Species (canine, feline,etc.)	Breed	Color or Markings	Male ☐ Neutered ☐ Female ☐ Spayed ☐
Date of Birth (month/year)	Previous Veterinarian-Address and/or phone #		

Most recent vaccination dates (month and year)

Canine		**Feline**	
Rabies 1yr ☐ or 3yr ☐	_____	Rabies 1yr ☐ or 3yr ☐	_____
Distemper(DHLP)	_____	Distemper(FVRCP)	_____
Parvo	_____	Feline Leukemia	_____
Bordetella (Kennel Cough)	_____	FIP	_____
Corona	_____	Fel. Leukemia Test (Pos. ☐ Neg. ☐)	_____
Lyme Disease	_____	Feline Aids Test (Pos. ☐ Neg. ☐)	_____
Heartworm testing (Pos. ☐ Neg. ☐)	_____	Fecal exam/testing (Pos. ☐ Neg. ☐)	_____
Fecal exam/testing (Pos. ☐ Neg. ☐)	_____		

On Heart worm preventative? Yes ☐ No ☐ Brand of preventative being used _____

Does your pet have a microchip? Yes ☐ No ☐ If so, Brand/Type _____ # _____

Please describe any important medical history/information, if any.

_____

_____

_____

_____

*****Do not write below this point, for office use only*****

Medical Summary

Dental Chart ☐ Dental X-rays ☐ Microchip Implant Date_____ Type_____ #_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____