

Whiteway Animal Hospital

3342 North Druid Hills Road. Decatur, GA 30033

www.whitewayanimalhospital.vetsourcecems.com

P: (404) 636-6604 / F: (404) 633-6063 / whitewayanimalhs@bellsouth.net

Owner Information

Name _____ Co-Owner _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

Email _____

Best Time to Reach You _____

Pet Information (Please, list one pet per form.)

Name _____ Species (Canine/ Feline)

Breed _____

D.O.B. _____ Gender (Male/ Female) Spayed/ Neutered (Yes/ No)

Color/Markings _____ Microchip # _____

- If you have any previous vet records for your pet, please hand them to the receptionist so we can make a copy for your file. If you did not bring the previous records with you, please call your old clinic and have them faxed to: (404) 633 – 6063. It is important to see what has been previously done for continuity of care.
- Please initial if you give permission to Whiteway Animal Hospital in the event that your records must be sent to boarding, grooming, doggie day care, or another veterinary facility. **No records will be sent without owner consent. Initial Here:** _____
- Full payment is required at the time services are provided, unless otherwise stated by Dr. Ruth Scott. Whiteway Animal Hospital accepts Visa, MasterCard, Discover, American Express, Debit, Cash, or Personal Checks as a form of payment.
- By signing below, I am authorizing veterinary care be provided for the pet listed on this form and presented by me or by agent(s). I am the legal owner/agent of this pet and as owner/agent I understand that I am financially responsible for all services provided.

Signature _____ Date _____