

# Mill Creek Veterinary Hospital

277 Madison Street  
Clarkesville, GA 30523  
(706) 839-1718

Welcome to **Mill Creek Veterinary Hospital**. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet for our records. **PLEASE PRINT.**

Owner's Name \_\_\_\_\_ Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Additional Phone Number \_\_\_\_\_

## ADDITIONAL INFORMATION

How did you hear of our hospital?

Hospital Sign       Community Advertising       Yellow Pages

Individual, someone we may thank? \_\_\_\_\_

## PAYMENT INFORMATION

Payment is due when services are performed. We will gladly prepare an estimate if desired.

If you ever plan on paying by check or credit card, please complete the following. If you choose not complete the following, you will be placed on a "**CASH ONLY**" basis.

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

## STATEMENT OF OWNERSHIP AND CONSENT

I am the owner of the above-described animal(s), or have authorization from the owner to consent to its treatment. I hereby authorize the performance of professionally accepted diagnostic, therapeutic, anesthetic, and surgical procedures necessary for its treatment. To prevent the spread of infectious disease and parasites, hospitalized animals must be current on all vaccines, free of internal and external parasites. I authorize the treatment of vaccines and parasite control as needed for my animal. I accept financial responsibility for all services incurred. I also understand that charges will be paid at the time of service.

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