

**BridgeMill Animal Hospital**  
**9560 Bells Ferry Rd**  
**Canton GA 30114**  
**(770) 479-2200 Fax (770) 479-2210**

**WELCOME TO OUR PRACTICE!**

*Our mission is to provide quality, compassionate veterinary care. Thank you for giving us the opportunity to care for your pet. Please help us to better serve your needs by taking a moment to complete this information sheet.*

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ 2<sup>nd</sup> Home/Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Spouse/other person designated to authorize care: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Email address: \_\_\_\_\_ (for use by BridgeMill Animal Hospital only)

Driver's license #: \_\_\_\_\_

How did you hear about our hospital?  Individual we may thank (\_\_\_\_\_)  Sign/ drive by  
 Yellow Pages  Internet  Other \_\_\_\_\_

*To prevent the spread of infectious diseases and parasites, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature line below authorizes this level of preventative care and the appropriate charges will be assessed on the discharge invoice.*

**Pet #1:** Circle one: Canine / Feline

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ **Circle one:** Male Female **Circle one:** Neutered Spayed

Breed \_\_\_\_\_ Color/markings \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Allergies \_\_\_\_\_ Health problems: \_\_\_\_\_

**Pet #2:** Circle one: Canine / Feline

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ **Circle one:** Male Female **Circle one:** Neutered Spayed

Breed \_\_\_\_\_ Color/markings \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Allergies \_\_\_\_\_ Health problems: \_\_\_\_\_

**Pet #3:** Circle one: Canine / Feline

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ **Circle one:** Male Female **Circle one:** Neutered Spayed

Breed \_\_\_\_\_ Color/markings \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Allergies \_\_\_\_\_ Health problems: \_\_\_\_\_

We gladly prepare written estimates upon request. This is important to you since all **fees are due at the time services are rendered.**

**We accept cash, personal checks, MasterCard and Visa.** A \$35 service charge will be imposed for any returned check. I authorize BridgeMill Animal Hospital to release medical records pertaining to the pet(s) named above, or any pet(s) that I register with BridgeMill Animal Hospital in the future, to a requesting veterinary hospital or other party by fax, surface mail or email.

Signature of Owner or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Bridgemill Animal Hospital to share photos/videos of my pet(s) registered with Bridgemill Animal Hospital on social media websites. Yes \_\_\_\_\_ No \_\_\_\_\_