



Cornelia Veterinary Hospital

785 Baldwin Road
Cornelia, GA 30531

Account # _____

PH (706) 778-6605 FX (706) 776-1665

PATIENT/CLIENT INFORMATION

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Driver License : _____

Email Address _____ **Referred By:** _____

Employer's Name & Address _____

Spouse's / Other's Employers & Address _____

Patient Information:

Pet's Name: _____ Birthday or Age: _____ Dog Cat Other

Breed: _____ Color: _____

Sex: Male Female Spayed/Neutered? Yes No

Reason for visit: _____

Payment Information:

Preferred method of payment (please choose one):

Cash Personal Check Credit Card Care Credit

PAYMENT IS DUE AT THE TIME SERVICES ARE PERFORMED.

WE DO NOT OFFER PAYMENT PLANS OR BILLING.

ADDITIONAL FEES WILL BE ADDED FOR ANY RETURNED CHECKS.

According to the AVMA Principles of Veterinary Medical Ethics, it is unethical, and in most states, unlawful, for a veterinarian to write a prescription or dispense a prescription drug outside a Veterinarian-Client-Patient Relationship (VCPR).

Authorization:

I hereby authorize the veterinarian on duty (and any designated assistants) to administer treatment as is considered therapeutically or medically necessary. I understand that at my request I can receive an estimate of cost for any services that are recommended.

I certify that I have read, fully understand, and agree to the above authorization. I also understand and agree that payment in full is due at the time of service and that there will be NO BILLING OF ANY FEES.

Signature: _____

Date: _____

