

Critter Fixer Veterinary Hospital  
 202-B Hwy 49 S.  
 Byron, Ga 31008  
 478-956-2332



Critter Fixer Veterinary Hospital II  
 102 Starlight Drive  
 Bonaire, Ga 31005  
 478-988-0883

Client Information

Your Name: \_\_\_\_\_ Spouse name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Patient Information

Pet #1		Pet #2		Pet #3	
Name:		Name:		Name:	
Breed:		Breed:		Breed:	
Date of Birth:		Date of Birth:		Date of Birth:	
Color:		Color:		Color:	
Sex:		Sex:		Sex:	
Spayed or Neutered (circle one)		Spayed or Neutered (circle one)		Spayed or Neutered (circle one)	

How Did You Hear About Us?

Yellow Pages     Saw Sign     Website     Newspaper     Mail  
 Person (person's Name: \_\_\_\_\_ Other: \_\_\_\_\_

Authorization for Professional Services

I hereby authorize Critter Fixer Veterinary Hospital to examine, prescribe fore, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_