

NEW CLIENT FORM

Welcome to Avian and Exotic Animal Hospital of Georgia! Thank you for choosing us for your pet's care. We look forward to providing you with exceptional service for your pet!

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone Home _____ Work _____ Cell _____

Spouse's Phone _____ Best Time To Reach You _____

E-Mail Address _____ Place of Employment _____

Driver's License _____ State _____ (only required if paying with personal checks)

How did you become aware of our clinic?

PET INFORMATION

	Pet #1	Pet #2	Pet #3
Name			
Species/Breed			
Birth Date/Age			
Gender			
Color			
Microchip ID			

Previous illnesses or surgeries? _____

Previous allergies/reactions to vaccines or medications? _____

Is your pet on any special diets or medications? _____

Avian and Exotic Animal Hospital expects payment in full at the time services are rendered. We accept cash, credit and debit cards, and pre-approved, in-state checks. For extensive diagnostics, hospitalization, and surgery we will provide you with a Treatment Plan. If your pet is left with us for any reason, please be prepared to pay a deposit in advance for your pet's care per the Treatment Plan. Should you choose, we may take credit card payments over the phone once the proper paperwork is complete.

Signature _____ Date _____

I have signed this form with the understanding that I am over the age of 18 years

I have been advised that my pet, upon entering and leaving AEAHG, must be either restrained appropriately or in a carrier.

Avian and Exotic Animal Hospital of Georgia respects your privacy and we are committed to protect the personal information that you share with us. Personal information is defined as information that can be used to identify you, or your pet, and to contact you. Your personal information will never be given out, sold, or shared with third parties, with the exception of outside laboratories/consultants for the purpose of diagnostics for your pet. We are committed to making you feel comfortable as our client and we understand how important your pet's health is and that you pet's health is a personal and private subject. If you have any questions or concerns regarding the privacy of your personal information please do not hesitate to ask any member of our team.

Photo and Content Release Form

At Avian and Exotic Animal Hospital of Georgia, we enjoy sharing our patients' photos and stories within our hospital and online. We would love your permission to share your pet's image and story. Sharing stories is simply a fun way to assist us in educating other pet owners about pet health. In no way would any story reflect poorly on you or your pet.

Help us by reviewing the statement below:

I hereby grant Avian and Exotic Animal Hospital of Georgia the right to photograph my pet and copyright, use, and publish said images. Publication includes both print and electronic publication, including but not limited to, our website, our blog, our social media pages, and veterinary journals.

I grant Avian and Exotic Hospital of Georgia the right to copyright, use, and publish my pet's story for any lawful purpose, including but not limited to social media content, blog content, and education content (such as veterinary journals or presentations by our doctor at conferences).

_____ **I AGREE** and give Avian and Exotic Animal Hospital of Georgia the right to share my pet's photo/story.

_____ **I DISAGREE.** Please do not share my pet's photo/story.

Client Name (printed): _____

Client Signature: _____

Pet(s) Name(s): _____

Date: _____