



Welcome To Our Practice!

Windermere Animal Hospital
 4415 Front Nine Drive, Suite 900
 Cumming, GA 30041
 770/887-0676
 770/887-0675

Client's Name: _____ Spouse/Other: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Spouse/Other Phone: _____
 Email: _____
 How did you hear about our hospital? _____
 Whom may we thank for the referral? _____

Pet Information

Pet's Name	DOB	Species	Breed	Sex	Spayed/ Neutered	Color

Are any of your pets' allergic to any vaccines or medications?

Have any of your pets had any major medical problems we should know about?

What Veterinary Clinic may we contact to obtain your pet(s) medical records?

I understand that all services are to be paid for at the time that services are rendered. I understand that WAH does NOT have a billing policy. There is a \$30 service charge on all returned checks.

Print Name: _____

Signature: _____ Date: _____