

**Blairsville Animal Hospital**  
**NEW CLIENT INFORMATION**

Please fill out your current information. We will enter it into our computer records and keep it in your paper file. Please keep us informed of any changes in the future so you still get your reminders! Thank you! 😊

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Other: \_\_\_\_\_

Name of person/people to contact in case of emergency: \_\_\_\_\_

Phone number(s) of people to contact in emergency: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

In the near future we will be sending out e-mail newsletters, reminders and clinic events.

What method of contact do you prefer? \_\_\_\_\_

Would you like to receive clinic newsletters and events via e-mail? Yes                      No

Would you like your appointment reminders and annual visit reminders via e-mail?

Yes                      No



Blairsville Animal Hospital  
294 Cleveland Street  
Blairsville, GA 30512

phone: (706) 745-6987  
e-mail: [reception@blairsvilleanimalhospital.com](mailto:reception@blairsvilleanimalhospital.com)  
website: [www.BlairsvilleAnimalHospital.com](http://www.BlairsvilleAnimalHospital.com)

**ANIMAL MEDICAL HISTORY** (Please complete all information for each pet)

	<b>Pet # 1</b>	<b>Pet # 2</b>	<b>Pet # 3</b>
Name			
Species (dog, cat, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Altered or Spayed?			
Diet (kind of food)			
Hours Spent Outside Each Day			
Vaccinations			
DHP (distemper-dog)			
Parvovirus			
FVRCP (distemper-cat)			
Rabies (dog/cat)			
Feline Leukemia Test			
Other Vaccines			
Date of Last Heartworm Test			
Type of Heartworm Prevention			
Last Fecal Exam (check for worms)			
Dentistry			
Prior Illness			
Prior Surgery			
PET ORIGIN: <input type="checkbox"/> Humane Society <input type="checkbox"/> Friend <input type="checkbox"/> Pet Store <input type="checkbox"/> Stray <input type="checkbox"/> Breeder <input type="checkbox"/> Other			



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