



# FOR PET'S SAKE

The Avian and Exotic Animal Hospital of Atlanta

Mimi Shepherd, DVM  
Diplomate ABVP (Avian)

Jason Hutcheson, DVM

## PATIENT AND CLIENT INFORMATION

Thank you for giving For Pet's Sake the opportunity to care for the pets you love!  
So that we may become better acquainted, please take a moment to complete the following.

Date: \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

If referred by a client, who can we thank for this referral? \_\_\_\_\_

### PATIENT INFORMATION

PET'S NAME: \_\_\_\_\_  MALE  FEMALE NEUTERED:  Y  N  UNSURE

SPECIES:  BIRD  RABBIT  RODENT  FERRET  REPTILE  OTHER BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

COLOR: \_\_\_\_\_ PREVIOUS VETERINARY CARE BY: \_\_\_\_\_

PLEASE TELL US THE REASON FOR YOUR VISIT: \_\_\_\_\_

IS THIS PET COVERED BY PET INSURANCE?  YES  NO

### OWNER INFORMATION

OWNER NAME: \_\_\_\_\_ OWNER EMPLOYER \_\_\_\_\_

SPOUSE/OTHER NAME: \_\_\_\_\_ SPOUSE EMPLOYER \_\_\_\_\_

\_\_\_\_\_ OWNER MAILING ADDRESS

\_\_\_\_\_ STREET ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

Phone Numbers	Owner	Spouse/Other
Home		
Work		
Cell / Other		

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WE RESPECT YOUR PRIVACY AND WILL NOT SHARE YOUR EMAIL ADDRESS WITH THIRD PARTIES.

EMAIL: \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE APPOINTMENT REMINDERS BY EMAIL?  YES  NO

We hope you are pleased with our services and facilities,  
and would appreciate your letting us know how we might improve them.