



# Feline Wellness Center

6955 McGinnis Ferry Rd, #104, Johns Creek, GA 30097  
678.786.CATS info@felinewellnesscenter.com

## Registration

Date: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner(s) Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Spouse Name/Phone \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
How did you hear about us?  Referral: We would like to thank a current client that may have referred you! \_\_\_\_\_  
 Website  Location/Sign  Print Ads  Facebook  Internet Reviews  Event

## Pet Health History

Name of Pet \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate or Age \_\_\_\_\_  
 Male  Neutered  Female  Spayed  
Pet's current medications \_\_\_\_\_  
Describe your pet's diet \_\_\_\_\_  
What is your primary concern for today's visit? \_\_\_\_\_  
Location of previous veterinary records: \_\_\_\_\_

## Authorization for Treatment

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

PHOTO CONSENT: We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Simply check to authorize this:  Yes. I authorize Feline Wellness Center to share my pet's photo & story at any time.  No. I do not authorize this.