



Feline Wellness Center

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

Pet Health History

Last Name: _____ First Name: _____

Change of Address, phone number, or email address ? If so, please provide us with new information.

Street _____ City _____

County (for Rabies tag purpose) _____ State _____ Zip Code _____

Phone Number _____

Cell Phone Number: _____

Email _____

Name of Pet: _____

Breed: _____ Color: _____ Birthdate or Age: _____

Male Neutered Female Spayed

What is your primary concern for today's appointment?

Pet's current medications: _____

Describe your pet's diet: _____

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 the 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 below to authorize this. Your personal info will be private and not shared.

Yes. I authorize Feline Wellness Center to share my pet's photo & story at any time.

No. I do not authorize this.