



Staff Initials

Thank you for giving the Humane Society of Northeast Georgia the opportunity to care for your pet(s)!
Please help us meet your needs better by taking a moment to complete this information sheet.

CLIENT INFORMATION:

Name: _____ How did you hear about us? _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Email*: _____

*If you would like to receive reminders, please include an email address.

PET INFORMATION: *(please ask for additional sheet if more than two pets with you at your appointment)*

Pet #1 Name: _____ Check one: ___ Dog or ___ Cat ___ Male or ___ Female
Is this pet spayed/neutered ("fixed")? ___ Yes or ___ No
Coat Color: _____ Birthdate/Age: _____ Breed *(if known)*: _____
History of vaccine reactions? ___ Yes or ___ No If yes, describe: _____
Current heartworm medicine (brand): _____ Current flea medicine (brand): _____
Does this pet have any pre-existing conditions we should be aware of? ___ Yes or ___ No
If yes, describe _____

Pet #2 Name: _____ Check one: ___ Dog or ___ Cat ___ Male or ___ Female
Is this pet spayed/neutered ("fixed")? ___ Yes or ___ No
Coat Color: _____ Birthdate/Age: _____ Breed *(if known)*: _____
History of vaccine reactions? ___ Yes or ___ No If yes, describe: _____
Current heartworm medicine (brand): _____ Current flea medicine (brand): _____
Does this pet have any pre-existing conditions we should be aware of? ___ Yes or ___ No
If yes, describe _____

I, as the owner or authorized agent of the pet(s) list with this form, verify that the above information is correct and that I will be financially responsible for all charges or services provided by the Humane Society of Northeast Georgia (HSNEGA) and understand that payment is due at the time of service. I hereby covenant to indemnify and hold HSNEGA and its staff harmless from and against any and all claims, actions, causes of action, damages, losses, costs, liabilities, charges, fees (including attorney's fees), and court costs claimed as a result (either directly or indirectly) of the care, custody, or handling of my animal and covenants not to sue HSNEGA for any matter regarding the care, custody, or handling of my animal, excepting only the gross negligence or intentional torts of HSNEGA. I am at least 18 years old and have the authority to make decisions regarding this animal(s). To the best of my knowledge, this animal(s) is healthy, not pregnant and can receive medical services. I do not hold HSNEGA liable for any adverse reactions or complications following services received.

Signature _____ Date: _____