



Client Information

First Name: _____ Last Name: _____

Email address: _____ Employer: _____

How did you learn about our practice? _____

Drivers License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Co-Owner: _____ Cell Phone: _____

In case of emergency please contact: _____ Phone: _____

Pet Information

Name: _____ Dog Cat Other _____

Male Female Neutered/Spayed My Pet is Microchipped

Age/Birthdate: _____ (or) Estimated Age: _____ Breed: _____

Color: _____ Known Allergies (foods, meds, other): _____

Prior Health Concerns: _____ Prior Surgery: _____

Reason(s) for Pet's Visit: _____

I give GAH staff permission to take my pet's photo and post it to their social media outlet/website: Yes No

History---please check if received:

Dogs: Distemper Lepto Lyme Rabies 1yr / 3yr Kennel Cough

Cats: FVRCP FeLV Rabies 1 yr / 3yr

Payment

All professional fees are due at the time services are rendered. Acceptable forms of payment include cash, check, Visa/MasterCard debit or credit, and Care Credit. There will be a service charge of \$25 for any returned checks. I am the owner or the authorized agent for the owner of the animal detailed above. My signature below certifies that I am over eighteen years of age and agree to these terms of service.

Signature: _____ Date: _____