



Welcome to Gateway Veterinary Hospital!

Thank you for trusting us with your pet's health.
Please take a moment to tell us about you and your pet.

CLIENT INFORMATION

Owner's Name _____
 Spouse/Co-Owner _____
 Address _____
 City _____ Zip _____
 Primary Phone _____
 Employer _____
 Occupation _____
 Driver's License # _____
 Email Address _____
 Owner Cell: _____
 Co-Owner Cell: _____
 Emergency Contact (other than you): _____
 Emergency Contact Phone: _____
 How did you hear of us?
 Google Hospital Website Yelp Drive by
 Nextdoor Neighbor Other: _____
 Referral- Who may we thank? _____

PATIENT INFORMATION

Pet's Name _____
 Dog Cat Other _____
 Male Neutered Yes No
 Female Spayed Yes No
 Breed _____ Color _____
 Date of Birth _____
 Past veterinarian(s) where records may be requested

 Is your pet currently on any medications?
 No Yes (If yes, please list or provide records)

 Does your pet have any drug sensitivities or allergies?

Please List other pets on back

Public Health

Please check areas that apply as they could influence course of treatment or preventative recommendations

Children in household
 Person in home is immunosuppressed (chemo therapy, Transplant, HIV)
 Pregnancy in household (a fetus's immune system is not fully developed)
 Pet used for therapy (taken to nursing homes etc.) or service pet
 Household or neighbors own backyard chickens
 Pet travels to the beach

Financial Agreement

I hereby authorize Gateway Veterinary Hospital and its veterinarians to examine, prescribe for and treat the above and below described pet/s. I release Gateway Veterinary Hospital and its veterinarians from any liability related to any such care. _____Initial

I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and agree to pay for services. I understand there is a \$25 service fee for returned checks. _____Initial

We accept cash, checks, Visa, Mastercard, Debit card, AMEX, Discover, and Care Credit.

Signature of Owner or Responsible Party _____ Date _____

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Breed _____ **Color** _____

Date of Birth _____

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