

**GENTLE CARE ANIMAL HOSPITAL  
WELCOMES YOU AND YOUR PET !!**

**Directions:** Please fill out both sides of form. This information will help us to provide the best possible care for your pet(s). The listed owner must be a responsible adult.

**Owner information:**

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Title: Dr. Mr. Mrs. Ms. Address \_\_\_\_\_  
Zip code \_\_\_\_\_ City, State \_\_\_\_\_ County \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Employer \_\_\_\_\_

**Spouse or Co-owner information:**

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Title: Dr. Mr. Mrs. Ms. Address \_\_\_\_\_  
Zip code \_\_\_\_\_ City, State \_\_\_\_\_ County \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Employer \_\_\_\_\_

**Pet Information:** Name \_\_\_\_\_ Breed \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex: Male \_\_\_ Female \_\_\_ (Neutered/Spayed- Y / N, Date \_\_\_\_\_) Color/Markings \_\_\_\_\_

**Pet Health History:** How long have you owned this pet? \_\_\_\_\_

Where did you get it? \_\_\_\_\_

Any chronic, recurrent, or ongoing problems? Please list \_\_\_\_\_

On any medications or special diet? Please list \_\_\_\_\_

Has your pet ever had a Rabies vaccination? Yes / No Year given \_\_\_\_\_

Who vaccinated the pet for Rabies \_\_\_\_\_

Is your pet currently on Heartworm preventative? Yes / No

Type and date last given \_\_\_\_\_

Where did you purchase your Heartworm Preventative \_\_\_\_\_

Is your pet currently on any type of product for flea and tick control? Yes / No

Type and date last given/applied \_\_\_\_\_

Where did you purchase this product \_\_\_\_\_

***Please provide copies of vaccine histories from previous veterinarians or a name or telephone number so we can obtain fax copies of those vaccines.***

Any new problems or concerns? (check all that apply) Change in appetite \_\_\_\_\_ How? \_\_\_\_\_

Drinking: more \_\_\_\_\_ less \_\_\_\_\_ Urinating: more \_\_\_\_\_ less \_\_\_\_\_ straining \_\_\_\_\_ bloody \_\_\_\_\_

Urinating or defecating in inappropriate locations: yes \_\_\_\_\_ no \_\_\_\_\_ If yes, where \_\_\_\_\_

Vomiting \_\_\_\_\_ began \_\_\_\_\_ frequency \_\_\_\_\_ Describe \_\_\_\_\_

Diarrhea \_\_\_\_\_ began \_\_\_\_\_ frequency \_\_\_\_\_ Describe \_\_\_\_\_

Coughing \_\_\_\_\_ Sneezing \_\_\_\_\_ Gagging \_\_\_\_\_ Difficulty breathing \_\_\_\_\_ Foul breath \_\_\_\_\_

Less active \_\_\_\_\_ Sleeps more \_\_\_\_\_ Irritable or cranky \_\_\_\_\_

Other behavior changes, describe \_\_\_\_\_

Any other problems, describe \_\_\_\_\_

**Continued on the back of this page**

**Emergency Contact** (not living with you) Name \_\_\_\_\_  
Phone # \_\_\_\_\_

**Other Pets** (Please list all pets, whether they are seen here or not):

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other (specify) \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other (specify) \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other (specify) \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other (specify) \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other (specify) \_\_\_\_\_ Age \_\_\_\_\_

More \_\_\_\_\_

**Referrals**

How did you learn of this practice? (Please check all that apply):

Outdoor sign \_\_\_ Yellow Pages Ad \_\_\_ Notice in paper \_\_\_

Referral \_\_\_ if so, whom can we thank? \_\_\_\_\_

**PAYMENT POLICIES:** We regret that we cannot extend credit.

Payment must be made at the time services are rendered, or upon discharge of hospitalized or boarded patients. There will be no exceptions without prior arrangements. These exceptions are at the discretion of the doctor ONLY. In some instances, a partial deposit may be requested prior to initiation of treatment. Should a deposit be required, the doctor will discuss this with the owner. A written estimate can be provided prior to treatment if requested.

If a check is returned to us for insufficient funds, there will be a returned check fee added to your account to cover any expenses charged to us by the bank (typically this is a \$25.00 fee, but it may be changed without notice if such fees are increased by the bank).

In the event that this account becomes overdue, it may be subject to interest on the remaining balance, calculated at a rate of eighteen percent (18%) per annum. Should the account be assigned for collection to an attorney and/or to a collection agency, all costs and expenses associated with collection, together with interest at the rate of eighteen percent (18%) per annum on the entire debt (including expenses and cost of collection) will be the responsibility of the owner. I have read, understand, and agree with this statement.

Signature of owner & responsible adult \_\_\_\_\_

Date \_\_\_\_\_

Please indicated preferred method of payment: Cash \_\_\_ Check \_\_\_ Visa \_\_\_ American Express \_\_\_  
Mastercard \_\_\_ Discover \_\_\_ Care Credit \_\_\_

Do you have pet insurance? Yes / No

Who is your pet insurance provider? \_\_\_\_\_

THANK YOU FOR HELPING US TO BE CERTAIN THAT OUR RECORDS ARE COMPLETE.  
PLEASE NOTIFY US IF ANY OF THIS INFORMATION SHOULD CHANGE IN THE FUTURE.