

Welcome to Gentle Doctor Animal Hospital

Last Name _____ First Name _____

Spouse _____

Address _____

City _____ State _____ Zip Code _____

*Cell Phone _____ Home Phone _____

*Cell Phone _____ Work Phone _____
(Spouse)

Employer _____

How would you prefer to receive your pet's vaccination reminders? E-MAIL* / REG. MAIL
*By providing Gentle Doctor with my/our e-mail address, I/we voluntarily give Gentle Doctor my/our express consent and permission to receive via e-mail notices and all other veterinarian related messages from Gentle Doctor until this consent is withdrawn in writing by me/us.

(If you answered e-mail above) E-mail Address: _____

Social Security Number (if plan to write checks) _____

How were you referred? Humane Service _____ Drove by _____ Pampered Pets _____

Love n Care _____ Yellow Pages _____ Other (be specific) _____

Emergency Contact

Name _____ Phone _____

Pet Information

Name _____ Species _____

Breed _____ Sex _____ Color _____

Spayed or Neutered _____ YES / NO _____ Date of Birth _____

Previous Vaccinations _____

Previous Medical Conditions Allergies? YES / NO explain: _____

I verify that the above information is true. I understand that all fees are to be paid in full at the time service is rendered.

Signature _____ Date _____

***It is especially important for us to have this number, in case we have a critically ill patient and would need to reschedule your appointment or if something should arise with your own pet and we need to contact you immediately.**