

# Welcome to Gentle Doctor Animal Hospital

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

\*Cell Phone (Spouse): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-MAIL Address \_\_\_\_\_

We will use your e-mail address to remind you when your pet is due for vaccines, services, and our monthly newsletter. Your e-mail is safe with us, we will not under any circumstances sell or give your e-mail or personal information out to anyone.

Social Security Number or Driver's License Number (if you plan on writing checks):  
\_\_\_\_\_ State \_\_\_\_\_

How did you hear about us? Drove by/location \_\_, Google \_\_, Yahoo \_\_, Website \_\_,  
MSN \_\_, White Pages \_\_, Referred by (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 \_\_\_\_\_

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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 may need to contact you immediately.