Gatesville Animal Clinic, LLC

PLEASE PRINT AND FILL OUT COMPLETELY:

Owner Information:

Name: _____

Phone: _____

Email: _____

	___Male___Female __Indoor__Outdoor ___Both	__Male___Female __Indoor__Outdoor ___Both	__Male___Female __Indoor__Outdoor ___Both
Pet's Name			
Breed			
Date of Birth			
Color			
Spayed/Neutered	____Yes _____No	____Yes _____No	____Yes _____No
Last Vaccination			
Previous Vet Clinic			
Special Diet/Meds			
Previous illness/surgery			

Things we should know about your pet: _____

_____

FINANCIAL POLICY:

To maintain our high quality of veterinary care while keeping costs under control,
ALL FEES ARE DUE UPON COMPLETION OF SERVICES.

Payment Options: Cash, Visa, MasterCard, Discover, American Express, Care Credit

I authorize this veterinary hospital to acquire any medical or surgical records from my previous veterinarian and/or send copies of any medical or surgical records to any veterinarian, boarding facility, and/or pet grooming shop as requested.

Signature: _____ Date: _____