

**Gaines School  
Animal Hospital**



**Barber Creek  
Veterinary Hospital**

Thank you for choosing us to care for your pet. In order to have completed records and so we are able to contact you in case of emergency, please complete the following:

**CLIENT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

**Owner**

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Email: \_\_\_\_\_

**Spouse/Pet Co-Owner**

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Email: \_\_\_\_\_

**PET INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Species:  Canine  Feline  Other \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex:  Male  Female Neutered/Spayed: Y / N Color: \_\_\_\_\_  
Microchipped? Y / N Brand \_\_\_\_\_ Chip #: \_\_\_\_\_  
My pet is (check one):  Indoor Only  Always outside  Both indoor and outdoor

**Date of Last Vaccines**

Distemper/Parvo (DHP-P) _____	Distemper (FVRCP) _____
Corona _____ Rabies _____	Feline Leukemia _____
Bordetella _____ Lyme _____	Rabies _____
Heartworm Test _____	Felv/FIV Test _____
Fecal (Intestinal Parasite) _____	Fecal (Intestinal Parasite) _____
Other _____	Other _____

Previous Veterinarian: \_\_\_\_\_  
Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Past Medical problems or procedures: \_\_\_\_\_  
\_\_\_\_\_

**Methods of Payment: We accept, Cash, Check\*, and Credit Card (Visa, MasterCard, Discover)**

\*In the case that your check is returned, an electronic debit will be made to your checking account for the amount of the check plus a processing fee up to the state legal limit.

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid when services are rendered and that a deposit may be required for surgeries or extensive treatments.

Signature of Owner/Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_