

# *Gainesville Animal Hospital* Client / Patient Information Sheet

Please take a few moments to fill out the following information.

**Thank You!**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Phone Numbers:

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

How did you become aware of our hospital? Please circle all that apply:

Phone Book, Website, Google, Yahoo, Bing, Facebook, Veterinarians.com, Twitter, Yelp, Drive By, Friend, Other (please write in how you found us) \_\_\_\_\_

If someone referred you, whom may we thank? \_\_\_\_\_

**Patient Information:**

	Pet #1	Pet #2	Pet #3
<b>Pet's Name</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Sex:</b>	F / M Spayed / Neutered	F / M Spayed / Neutered	F / M Spayed / Neutered
<b>Date of Birth</b>			
<b>Date of Last Vaccines</b>			

May we contact your previous veterinarian for a records transfer? Yes / No. If yes please provide their

Clinic Name: \_\_\_\_\_ City: \_\_\_\_\_

Clinic Phone Number: (\_\_\_\_) \_\_\_\_\_

**Please read and sign the following:**

**\*Please provide your Drivers License for it to copied upon returning this form\***

**\*\*All payments are due at the time services are rendered\*\***

We are a flea and tick free facility! When your pet is dropped off, if it is discovered that your pet has internal or external parasites including fleas or ticks, they will be treated upon entry at your expense.

**All animals entering the hospital must be up to date on their vaccinations.**

**Canines are required to have the Bordetella Vaccine every six months.**

We at Gainesville Animal Hospital are dedicated to serving our clients and their pets with the best possible care. We appreciate all suggestions. Thank you for your time.

**Signature of Agreement** \_\_\_\_\_