



Welcome to Gateway Veterinary Hospital!

Thank you for trusting us with your pet's health.
Please take a moment to tell us about you and your pet.

CLIENT INFORMATION

Owner's Name _____
 Spouse/Co-Owner _____
 Address _____
 City _____ Zip _____
 Primary Phone _____
 ___ Home Phone ___ Cell Phone ___ Owner ___ Co-Owner
 Secondary Phone _____
 ___ Home Phone ___ Cell Phone ___ Owner ___ Co-Owner
 Email Address _____
 Co-Owner's Email (Optional) _____
 Emergency Contact (Other than listed above) _____

 Emergency Contact Phone _____
 How did you hear of us?
 ___ Google ___ Hospital Website ___ Yelp ___ Drive by
 ___ Nextdoor Neighbor ___ Viva Pet Care
 ___ Other: _____
 ___ Referral—Who may we thank? _____

PATIENT INFORMATION

Pet's Name _____
 ___ Dog ___ Cat ___ Other _____
 ___ Male: Neutered ___ Yes ___ No
 ___ Female: Spayed ___ Yes ___ No
 Breed _____ Color _____
 Date of Birth (or approximate age) _____
 Past veterinarian(s) where records may be requested

 Is your pet currently on any medications?
 ___ No ___ Yes (If yes, please list below or provide records)

 Does your pet have any drug sensitivities or allergies?

 List any additional important information

Please list other pets on back of page

PUBLIC HEALTH

Please check areas that apply as they could influence course of treatment or preventative recommendations

- ___ Children in household
 ___ Person in home is immunosuppressed (Chemotherapy, Transplant, HIV)
 ___ Pregnancy in household (a fetus' immune system is not fully developed)
 ___ Pet used for therapy (taken to nursing homes etc.) or service pet
 ___ Household or neighbors own backyard chickens
 ___ Pet travels to the beach
 ___ None of the above

FINANCIAL AGREEMENT

I hereby authorize Gateway Veterinary Hospital and its veterinarians to examine, prescribe for and treat the above and below described pet(s). I release Gateway Veterinary Hospital and its veterinarians from any liability related to any such care. _____ Initial

I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that all professional fees are due at the time services are rendered, and agree to pay for these services. _____ Initial

I understand that Gateway Veterinary Hospital requires 24 hours notice for any appointments that need to be cancelled or rescheduled. Clients who do not give us notice or cancel last minute will be subject to a fee of \$73.50 for doctor appointments. \$165.00 for scheduled surgeries and \$25.00 for tech assistant visits. _____ Initial

We accept cash, Visa, Mastercard, Debit card, AMEX, Discover, and Care Credit.

Signature of Owner or Responsible Party _____ Date _____

PATIENT INFORMATION

Pet's Name _____

☐ Dog ☐ Cat ☐ Other _____

☐ Male: Neutered ☐ Yes ☐ No

☐ Female: Spayed ☐ Yes ☐ No

Breed _____ **Color** _____

Date of Birth (or approximate age) _____

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