

Welcome to Gwynedd Veterinary Hospital

Client & Pet Information Sheet

Date: _____ Arrival Time: _____ Appt. Time: _____

Thank you for entrusting us with your pet's care! How did you hear of our service?

___ Individual: (someone we may thank) _____

___ Referral by another Veterinarian _____

___ Yellow pages ___ Hospital Sign ___ Internet ___ Direct Mail ___ Newspaper ___ Other _____

Client Information

Owner's Name _____

Social Security Number _____ Date of Birth _____

Co-Owner's Name _____

Social Security Number _____ Date of Birth _____

Address _____

(If a PO Box, please give street address too) City _____ Zip _____

Home Telephone _____ Cell phone _____

Employer's Name & Address _____

Work Phone _____ Ext _____ Daytime Contact Phone _____

Patient Information

Name _____ Date of Birth _____ Species: Cat ___ Dog ___ Other ___

Breed _____ Color _____ Sex: Male ___ Female ___

Has your pet been neutered or spayed? _____ Age of neuter/spay? _____

When was your pet's last visit to a Veterinarian? _____ Are vaccines current? _____

Dates of last vaccinations or tests:

DOGS:

Heartworm test _____

DHPP vaccination _____

Rabies Vaccination _____

Kennel cough vaccination _____

Other _____

CATS:

Feline Leukemia test _____

Feline AIDS test _____

FVRCP vaccination _____

Rabies vaccination _____

Other _____

PLEASE NOTE THAT PROFESSIONAL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED. A late charge of 1.5% per month will apply to all unpaid balances plus any expenses incidental to collection.

Please indicate the form of payment you will use:

Cash _____ Credit Card _____ Personal Check _____

Driver's License: State _____ Number _____ Expiration _____