



GAITHERSBURG ANIMAL HOSPITAL

Welcome to Gaithersburg Animal Hospital! We appreciate the opportunity to care for your “special family member.” So that we may better serve your needs, please complete the following by printing clearly and checking the appropriate responses.

CLIENT REGISTRATION

Owner’s name _____

Spouse/Co-Owner _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Work Mr./Mrs./Ms _____

Cell Mr. _____ Mrs./Ms. _____

Email Address _____

Place of Employment _____ Title _____ May we call you at work? Yes No

How did you hear of Gaithersburg Animal Hospital? HUMANE/RESCUE ORG. YELLOW PAGES GOOGLE

DROVE BY

PERSONAL REFERRAL (whom may we thank) _____

OTHER _____

PET HEALTH HISTORY

Pet’s Name _____ Birthday/Age _____ Sex: Male Neutered Female Spayed

Breed _____ Color/Markings _____

Pet’s Usual Diet: Brand: _____ Dry Canned Semi-moist Table Food

We consider our pet(s) family member child’s pet backyard pet breeding/working pet

Is your pet currently on medication? (Specify) _____

Prior medical/surgical problems, allergies, drug reactions? (Specify) _____

VACCINATIONS/EXAMINATIONS (most recent dates)

Canine Distemper/Parvo _____

Canine Cough (Bordetella) _____

Canine Lyme Disease _____

Canine Leptosporosis _____

Canine Influenza _____

Heartworm Blood Test _____

Canine Rabies 1yr 3yr _____

Feline Distemper _____

Feline Leukemia _____

Feline FIV _____

Feline Felv/Fiv Test _____

Feline Rabies 1yr 3yr _____

Fecal (stool sample) _____

We encourage the discussion of treatment and fee options and gladly provide written estimates upon request. Professional fees are due at the time services are rendered or upon patient discharge. A 50% deposit may be requested for hospitalized patients. For the convenience of our clients wishing to make installment payments, the hospital accepts VISA, MC, and Discover; in addition to cash and personal checks (with proper identification).

I hereby authorize Gaithersburg Animal Hospital veterinarians and staff to examine, prescribe for, or treat the above described pet(s).

Drivers License _____ Date _____

Signature of Owner/Agent _____