

# GATEWAY ANIMAL HOSPITAL

## OWNER'S INFORMATION

OWNER'S NAME \_\_\_\_\_  
PRIMARY PHONE \_\_\_\_\_  
SECONDARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CO-OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

## PET'S INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Gender \_\_\_\_\_ Spayed or neutered (yes or no) \_\_\_\_\_

Please list diet, medication, heartworm prevention, flea control, or other products:

\_\_\_\_\_

Does your pets have any known allergies to vaccines or medications? yes no

If yes describe \_\_\_\_\_

Are there any previous illnesses or surgeries? \_\_\_\_\_

How did you hear about our clinic? (Please check)

Google  Facebook  Referred by friend/family: \_\_\_\_\_  Other: \_\_\_\_\_

**MEDIA PERMISSION:** I give consent for my pet(s) to be photographed, videotaped, and/ or electronically imaged for the purposes of promotional materials, news releases, and social media. The images will be the sole property of GATEWAY ANIMAL HOSPITAL. I hereby release and hold harmless GATEWAY ANIMAL HOSPITAL from any claim arising from the use of these images. I agree that I will receive no monetary compensation or royalties for the photograph(s).

\_\_\_\_\_ I AGREE \_\_\_\_\_ I wish to opt out

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

*We accept cash, Visa/ Mastercard/ Discover/ AMEX*

I hereby authorize GATEWAY ANIMAL HOSPITAL to perform such diagnostic, therapeutic, and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well being.

The nature of such services has been described to my satisfaction and while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee, nor warranty, can be ethically or professionally made regarding the results or cure.

I also authorize the hospital to provide veterinary service as requested or in emergency circumstances to follow through with such procedures as necessary for the well-being of my pet on a continuing basis until further advised in writing.

If it is necessary for you to file suit for the collection of any sums due you for services rendered under this agreement, I agree to pay all costs of collection therefore including a reasonable attorney's fee.

**Signature and Date**\_\_\_\_\_