



WELCOME

Thank you for giving us the opportunity to care for your pet(s). We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely.

REGISTRATION

Owner's Name _____ Spouse/Other _____

Mailing Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

Emergency Contact: _____ Emergency # _____

How did you hear about our hospital? Another client: _____

Sign Flyer Facebook Google Yellow Pages KPLC Billboard

At Gill Bright Animal Hospital, we strive to be as environmentally friendly as possible. Please provide us with your e-mail address so that we may send you important information regarding your pet.

E-mail Address: _____

PET HEALTH HISTORY

Name of Pet _____ Dog Cat Other _____

Breed _____ Color _____ Age/Birthdate _____

Gender (circle) Male Male-Neutered Female Female-Spayed

Vaccine History _____

Major surgeries or illnesses _____

Current Medication (including Vitamins/Supplements) _____

Current Diet (including treats) _____

Previous Animal Hospital: _____ Phone # _____

AUTHORIZATION

I hereby authorize the veterinarians at Gill Bright Animal Hospital to examine, prescribe for, and to treat the above pets. Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and medications, goods and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. I further understand that payment is required at the time services are rendered and that Gill Bright Animal Hospital does not offer payment plan.

By my signature below, I hereby agree to all of the above.

Signature of owner or Agent _____ Date _____