



Welcome to Garden Creek Pet Clinic!

OWNER INFORMATION:

Full Name: _____ Spouse/Partner: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Address: _____

City/State Zip Code

How may we contact you?

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email: _____

Spouse/Partner's Phone: _____ Additional Phones: _____

How did you become aware of our clinic? _____

If referred to us, whom may we thank for the referral? _____

PATIENT (PET) INFORMATION:

Name: _____ Age/Birth date: _____

Sex: _____ Is your pet spayed or neutered? Yes No

Breed: _____ Color: _____

Previous Veterinarian: _____

May we contact your previous veterinarian for a medical records transfer? Yes No

Date of last known vaccinations: _____

Reason for today's visit: _____

Are you giving your pet any medications and/or parasite preventatives? Yes No

Please list all medications and dosages:

I am the legal owner or representative of the legal owner of the animal being presented for treatment by the doctors and staff of Garden Creek Pet Clinic.

I am over the age of 18 years.

Signature: _____ Date: _____

Thank you for your trust! We look forward to taking care of your family!