



# Garden City Veterinary Hospital

*Welcome! Thank you for giving us the opportunity to care for your pet.  
Remember to bring any pertinent medical history or records.*

## Owner Information

Name \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Work Home

Alternate Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Work Home

Driver's License \_\_\_\_\_

Email \_\_\_\_\_

If referred, by whom? \_\_\_\_\_

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## Patient Information

Pet's Name \_\_\_\_\_  Dog  Cat  Other

Male  Female Is your pet spayed/neutered?  Yes  No

Breed \_\_\_\_\_ Birth date or Age \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

Please list any current or chronic health problems, medications, or prescription diets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your pet allergic to any medications or vaccines?

\_\_\_\_\_

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Do you have pet insurance? \_\_\_\_\_ Is your pet micro-chipped? \_\_\_\_\_

What other pets do you have? Dog(s)  Cat(s)  Other

\_\_\_\_\_

\_\_\_\_\_