

Client-Patient Registration Form
Gateway Animal Care Group, PC 

Client Information

Date _____
 Owner's Name _____ Spouse/Other _____

(must be 18 or older)
 Street Address _____ Apt. # _____
 City _____ State _____ Zip _____

Home Phone _____ Work Phone _____
 Cell Phone _____ Spouse Work Phone _____

E-mail _____ Address _____

Driver's License# _____ Exp. Date _____
 State _____

How did you hear about us? Sign Yellow Pages Internet Personal Recommendation
 (who may we thank?)

Primary Method of Payment Cash Check Debit/Credit
 Consent For Release of vaccine information to groomers, etc.

Pet Information (1)

Pet's Name _____ Date of Birth/Age _____
 Dog _____ or _____ Cat _____ Breed _____

Sex: _____ Male _____ Neutered/ _____ Female _____ Spayed
 Color _____ or _____ Markings _____

Previous _____ Veterinarian _____

Date of last vaccines including rabies

Date of last heartworm test or prevention given

Any allergies to vaccines or medication

Any previous illness or surgery

List any special diet or medication given

Pet Information (2)

Pet's Name _____ Date of

Birth/Age _____

Dog _____ or Cat _____ Breed

Sex: _____ Male _____ Neutered/ _____ Female _____ Spayed

Color _____ **or** _____ **Markings**

Previous _____ Veterinarian

Date of last vaccines including rabies

Date of last heartworm test or prevention given

Any allergies to vaccines or medication

Any previous illness or surgery

List any special diet or medication given

If in the event this account is referred to a collection agency, the client agrees to pay Gateway Animal Care Group PC, all cost of collection, including attorney fees, and contingent fee to collection agencies of not less than 35 %. Such fees to be added and collected by the collection agency immediately upon default and our referral of this account to said agency.

Signature of Owner/Responsible Party _____ Date