



*Help us Get to
Know You and
Your Pet(s)*

Gate City Animal Hospital
202 Pisgah Church Road
Greensboro, NC 27455
P 336.286.9500
F 336.286.9505
www.gatecityvet.com

Please Complete the Following Information

Owner's Full Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____ E-mail _____

Home Phone# () _____ Work and/ or Cell Phone# (circle one) () _____

Driver's License: State # _____ Employer's Name and Address: _____

Spouse's Full Name _____ Work Phone# () _____

Spouse's Employer's Name and Address _____

How did you hear about us? Phone Book _____ Drove By _____ Friend _____ Whom may we thank? _____
Website _____ Other _____

Payment Preference: Cash _____ Check _____ Mastercard/ Visa _____ CareCredit _____

***All fees are due at the time of patient discharge. Estimates available on request. (Please initial)**

PATIENT HISTORY	PATIENT # 1	PATIENT # 2	PATIENT # 3
Name of Pet			
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Spayed or Neutered	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Breed			
Date of Birth			
Color/ Markings			
Medical Conditions and Medications(list)			
Allergies to Medications			
Allergies to Vaccines			
Special Diets			
DOG VACCINATIONS	Date Given/ What Hospit:	Date Given/ What Hospit:	Date Given/ What Hospita
Rabies			
Distemper(DHPP)			
Bordetella(Kennel Cough)			
Lyme Disease			
Heartworm Test			
Fecal Test			
CAT VACCINATIONS	Date Given/ What Hospita	Date Given/ What Hospit:	Date Given/ What Hospita
Rabies			
Distemper (FVRCP)			
Feline Leukemia Test			
Feline Leukemia			
Fecal Test			