



Welcome

Thank you for giving us the opportunity to care for your pet. We will 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.

Thank You!

Registration:

Owner's Name: _____
(Last) (First) (Title)

Address: _____
(Street) (Apt#) (City) (State) (County) (ZIP)

Phone: _____
(Home) (Work) (Cell)

Email: _____ **Driver's License #:** _____
(State & Number)

Spouse/Partner: _____ Phone: _____
(Last) (First)

Preferred Doctor: Dr. Erica Haley Dr. Kristin Nichols No Preference
 Dr. Lauren Long Dr. Jamie Johnson

**** CHECKS WILL NOT BE ACCEPTED WITHOUT THE HIGHLIGHTED INFORMATION ****

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s) listed on the subsequent page. I assume responsibility for all charges incurred in the care of my pet(s). I understand that these charges must be paid in full at the time of release and a deposit may be required for hospitalization and surgical treatment. An estimate will be provided, upon request, prior to treatment for approval.

Signature of Owner: _____ Date: _____

Release of Medical Information:

(i.e.: Vaccination history to a groomer or boarding facility of your choice)

I authorize release of medical information: _____
(Initial)

I DO NOT authorize release of medical information: _____
(Initial)

How Did You Hear About Us?

Personal Recommendation (Whom may we thank?) _____

Internet Website Drove By/Sign Phone Book Other _____

Pet Information

Pet #1

Name: _____ Birth Date or Age: _____

Cat Dog Bird Other _____

Breed: _____ Color: _____

Neutered Male Spayed Female Male Female Unknown

Microchip: Yes _____ No Unknown
(Type & Number)

Prior Surgery or Illness: _____

Special Diet or Medications: _____

Drug Allergies or Vaccine Reactions: _____

Pet #2

Name: _____ Birth Date or Age: _____

Cat Dog Bird Other _____

Breed: _____ Color: _____

Neutered Male Spayed Female Male Female Unknown

Microchip: Yes _____ No Unknown
(Type & Number)

Prior Surgery or Illness: _____

Special Diet or Medications: _____

Drug Allergies or Vaccine Reactions: _____

Pet #3

Name: _____ Birth Date or Age: _____

Cat Dog Bird Other _____

Breed: _____ Color: _____

Neutered Male Spayed Female Male Female Unknown

Microchip: Yes _____ No Unknown
(Type & Number)

Prior Surgery or Illness: _____

Special Diet or Medications: _____

Drug Allergies or Vaccine Reactions: _____

(Please request/print another page for additional pets)

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