



*Help Us Get To Know  
You & 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 \_\_\_\_\_

Primary# ( ) \_\_\_\_\_ Secondary # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

May we use your pet's photo and story on our hospital's social media? (Initial One) Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about us? Phone Book  Drove by  Online  Other

Friend  \_\_\_\_\_ Whom may we thank? \_\_\_\_\_

**\*All fees are due at the time of patient discharge. Please initial \_\_\_\_\_**

*Estimates are available upon request.*

PATIENT HISTORY	PATIENT #1	PATIENT # 2	PATIENT # 3
<b>Name of Pet</b> (Please write name out.)→	<b>Pet's Name</b>	<b>Pet's Name</b>	<b>Pet's Name</b>
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			
Medications (list)			
Heartworm and Flea Prevention			
Allergies to Vaccines	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Diets			
<b>NAME OF PREVIOUS VET FOR VACCINE HISTORY</b>			