

Gage Animal Hospital

Patient and Pet Owner Information

The doctors and staff would like to welcome you and your pet to Gage Animal Hospital. We appreciate the opportunity to assist you in caring for your pet. Please help us meet your needs by taking a moment to complete the following information:

Pet Owner Information:

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

KS Driver's License #: _____ Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Spouse (Other): _____ KS Driver's License: _____ Cell Phone: _____

E-mail Address: _____ Work Phone: _____

Would you like your reminders to be sent to your e-mail? YES NO

Pet Information:

Pet's Name: _____ DOB: _____ Gender: M MN F FS

Species: Dog Cat Rabbit Other _____ Breed: _____ Color: _____

Current Diet: _____

Has your pet received vaccinations in the last 12 months? Yes No

Has your pet been checked for worms within the last 12 months? Yes No

Is your pet currently on heartworm preventative? Yes No

Previous veterinarian(s) your pet has been seen by: _____

I assume financial responsibility for all charges incurred in the treatment and care of my pet. I also understand that these charges are payable at the time my pet is released from Gage Animal Hospital and that a deposit may be required prior to medical or surgical treatment.

Signed: _____ Date: _____

We will gladly prepare a written fee estimate prior to treatment. To request a written fee estimate, please ask the receptionist or the attending veterinarian and we will prepare one for you. We accept cash, personal checks, MasterCard, Visa, American Express, Discover, and CareCredit. Please indicate below your method of payment.

Cash Personal Check MasterCard Visa American Express Discover CareCredit