



Gardens Veterinary Hospital

9087 Marshall Road, Cranberry Township, PA 16066-3607
(724) 772-1870 FAX (724) 772-0162 www.GardensVet.com

Thank you for giving Gardens Veterinary Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following.

CLIENT INFORMATION

Mr/Mrs/Ms/Dr _____ Spouse: _____
(Circle one) LAST, FIRST LAST, FIRST

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Spouse's Work Phone: _____

Place of Employment: _____

Spouse's Place of Employment: _____

If necessary, may we call you at work? YES NO

How did you become aware of our hospital? Yellow Pages Hospital Sign Other
Personal/Professional recommendation (Who may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate your choice of payment: Cash Check MC/Visa

You are entitled to a senior citizen's discount if you are 60 years or older. Yes, I am over 60.

PATIENT INFORMATION	PET #1	PET #2	PET #3
Name			
Breed			
Color			
Date of Birth			
Sex			
Spayed/Neutered			
YOUR DOG'S MEDICAL HISTORY			
Rabies vaccine			
DHPP (Distemper)			
Bordetella/Kennel Cough			
Corona vaccine			
Heartworm test			
YOUR CAT'S MEDICAL HISTORY			
Rabies vaccine			
FVRCP vaccine			
Feline Leukemia vaccine			
Feline Leukemia test			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____