



Good Shepherd
Veterinary Hospital

Welcome

101 Fox Trot Dr
Mars, PA 16046
Tel: 724 776 PETS
Fax: 724 776 7388
www.gsveterinaryhospital.com

Client Registration

Owner

_____ Last Name		_____ First Name		_____ SS#	
_____ Street Address			_____ City	_____ State	_____ Zip Code
_____ Home Phone #			_____ Cell / Pager		
_____ Occupation			_____ Work #		
_____ Email Address			_____ Driver's License #		
_____ Spouse's Name		_____ Last Name		_____ Occupation	
_____ Work		_____ Cell / Page		_____ SS#	

How did you hear about our facility?

- Other
 Advertisement
 Friend
 Radio/TV
 Yellow Page
 Clues / Other

Patient Registration

_____ Your Pet's Name		Species	<input type="checkbox"/> Canine	<input type="checkbox"/> Feline	<input type="checkbox"/> Avian	<input type="checkbox"/> Other
_____ Date of Birth		_____ Breed		_____ Color /Marking		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed / Neutered	<input type="checkbox"/> Not Spayed / Neutered		
Vaccination History	<input type="checkbox"/> Rabies	<input type="checkbox"/> FVPRCP/ DHPPL	<input type="checkbox"/> Feline leukemia	<input type="checkbox"/> Other		

Dates

Medication / Dosages

Authorization for Medical Treatment

I hereby authorize Good Shepherd Veterinary Hospital Professional Staff to examine, prescribe, treat, and / or utilize procedures or tests deemed necessary for my above described pet to insure the best possible care. I assume responsibility for all charges incurred to my pet. I understand that payment is due at the time services are rendered and that GSVH does not bill. A deposit is required if non-elective hospitalization is necessary. An estimate is given upon request.

Signature of Owner or
authorized agent

Spouse's signature

Witness (Employee)

Office use only:

Registration date _____ Computer # _____