



Client-Patient Registration Form

Date _____

Client Information

Owner's Name _____ Spouse/Other _____

Address _____ City _____ Zipcode _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Spouse's Work Phone _____

If Military, Unit Name and Telephone Number _____

Pet Information (1)

Pet's Name _____

Date of Birth _____

Type of Pet: Dog Cat Other _____

Sex: Male Neutered Female Spayed

Breed: _____ Color/Markings _____

Previous Veterinarian where records can be obtained if necessary _____

Date of last vaccines and rabies _____

Please list any previous illnesses or surgeries _____

Please list any allergies to vaccinations or medications _____

Is your pet on any special diets or medications? Yes No If Yes _____

If paying by check, we will need your SSN and/or TN license number _____

If in the event this account is referred to a collection agency, the client agrees to pay to Gateway Animal Care Group, PC all cost of collection, including attorney fees, collection fees, and contingent fees to collection agencies of not less than 35 percent, such contingency fees to be added and collected by the collection agency immediately upon default and our referral of this account to said collection agency.

Also, you agree, in order for us to service our account, notify you of information pertaining to your account or pet's medical condition, or for the purposes of collection, we may contact you by telephone at any number provided by you, including wireless telephone numbers; or e-mail or text message. This includes use of pre-recorded messages and/or use of an automated dialing device.

Signature of Owner or Responsible Party _____ Date _____