

# GUILFORD VETERINARY HOSPITAL, LLP

81 Saw Mill Rd ~ Guilford, CT 06437  
Phone: 203-453-2707 Fax: 203-453-2709  
www.guilfordvet.com



## NEW CLIENT INFORMATION

Owner: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse Work Phone: \_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we put your pet on our Facebook page one day? Y N

Do you have pet insurance? If yes, which Insurance company? \_\_\_\_\_

How did you hear about us (please circle)? Internet GVH Website Phone Book Drive/BySign  
Ad(newspaper) Other(please explain) \_\_\_\_\_ Friend/Family

Who can we thank? (Full name) \_\_\_\_\_ Their pet's name? \_\_\_\_\_

### Animal #1

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex M / F

Altered? Y / N Color/Description \_\_\_\_\_ Date of Birth/ Age \_\_\_\_\_

Taking any Medications? Y/N If yes, what: \_\_\_\_\_ Any known allergies? \_\_\_\_\_

What brand of food are you feeding? \_\_\_\_\_ Canned or Dry? \_\_\_\_\_

### Animal #2

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex M / F

Altered? Y / N Color/Description \_\_\_\_\_ Date of Birth/ Age \_\_\_\_\_

Taking any Medications? Y/N If yes, what: \_\_\_\_\_ Any known allergies? \_\_\_\_\_

What brand of food are you feeding? \_\_\_\_\_ Canned or Dry? \_\_\_\_\_

### **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

**We will gladly prepare a written estimate if you desire. Please ask the doctor or receptionist.**

I, the undersigned owner of the pet(s) identified above, consent to the examination of my pet(s) by Guilford Veterinary Hospital staff and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize or perform surgery on my pet(s). I understand that some risks always exist with anesthesia and or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required for my pet(s), Guilford Veterinary Hospital staff has my permission to provide such treatment and I agree to pay for such care.

Signature of Owner or Agent \_\_\_\_\_ Date: \_\_\_\_\_

(Must be 18 years of age or older)

NCF2017