

Welcome To Golf-Mil Veterinary Hospital!

We are excited you have chosen us to care for your pet and we look forward to assisting you!

Client Information

Name: _____ Date: _____

Address: _____ City _____ Zip: _____

Cell Phone: _____ Secondary Phone: _____

Email _____ Spouse's Name & Number: _____

Patient Information

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.

Practice Name _____ City _____ State _____

1. Pet's Name: _____ Dog: _____ Cat: _____

Birthdate (if known): _____ Male: ___ Female: ___ Spayed/Neutered? Y ___ N ___

Breed: _____ Color/Markings: _____

2. Pet's Name: _____ Dog: _____ Cat: _____ Other: _____

Birthdate (if known): _____ Male: ___ Female: ___ Spayed/Neutered? Y ___ N ___

Breed: _____ Color/Markings: _____

Pet Care Reminding Authorization

Would you like to receive Reminders via: Email? ___Y ___N Text Messaging? ___Y ___N

How did you hear about us?

Drive by/sign Google Personal Referral Yelp

Referral: Is there a client, business or organization we can thank for your referral?

*Payment in full is required at the time of service. We accept cash, credit card, debit card, & care credit.

*Please be prompt for your pet's appointments. We are requiring a non-refundable \$92.00 deposit for all new patients that will be charged at the time you schedule your appointment. Because we are by appointment only, we want to secure your slot and prevent no shows & cancellations less than 24 hours. When you neglect to cancel your appointment, we are not able to offer this time slot to another pet in need of our services.

*I consent to the use/publication by Golf-Mil Veterinary Hospital of any photograph(s) taken of my pet for use on website and social media.

Signature _____ Date _____