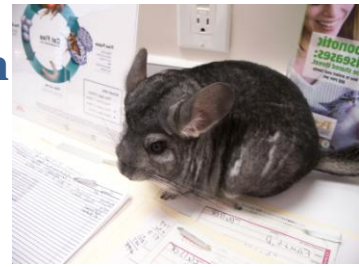




ALL Creatures Family Pet Hospital
Dr. Patrick Gauvin and Dr. Sherry Gauvin
5027 NW 34 BLVD.
Gainesville, FL 32605-1150
Phone: (352) 335-0041
Web site: www.allcreaturesfamilypetcenter.com



CLIENT REGISTRATION FORM

All information supplied on this form is held in strict doctor-client confidentiality.

Client Name: _____ **Cell Phone #:** _____

(Include only the individual who is the legally responsible adult pet owner. Do not include minors.)

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Home phone #:** _____

Email address: _____

Place of Employment: _____ **Work phone:** _____

Spouse/Co-owner Name: _____ **Cell Phone #:** _____

(Include only the individual who is the legally responsible adult pet owner. Do not include minors.)

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Home phone #:** _____

Email address: _____

Place of Employment: _____ **Work phone #:** _____

PET INFORMATION:

Pet's Name: " _____ " **Species/Breed:** _____

Birth date/Age: _____ / _____ **Sex:** Male Female Unknown (circle one)

Neutered or Spayed?: Yes No (circle one)

Has your pet been implanted with a Microchip? Yes No (circle one)

What is the reason for today's examination? _____

Has your pet been previously diagnosed with a disease such as diabetes, heartworms, or thyroid dysfunction? _____

What medication(s) is your pet currently receiving? _____

Is there any other pertinent information you wish to relay regarding your pet's health? _____

How did you hear about ALL Creatures Family Pet Hospital? _____

For additional pets, please use Multiple Pets Form.