

Gentle Care Veterinary Clinic
23901 W. Industrial Dr North, Plainfield, IL 60585
815-254-4126
www.gentlecarevet.com

Owner's name _____

Last First Spouse/other

Address _____

City State Zip

Home # _____ Work # _____ Cell # _____

Driver's License # _____ E-mail _____

How did you learn about our practice? _____

Please fill out for all your pets.

Pet #1

Pet #2

Pet #3

Pet's Name			
Species (Dog/cat)			
Breed			
Description (color markings)			
Age/Date of Birth			
Sex (M/F)			
Spayed/Neutered (Yes/No)			
Vaccinations: Please write down the dates the vaccines were given			
DHLPP-Distemper/Parvo (dog)			
Corona (dog)			
Bordetella-kennel cough (dog)			
Lyme (dog)			
Rabies (1 yr/ 3 yr)			
Heartworm Test (dog)			
Fecal Test (Stool exam for worms)			
FVRCP-Cat Distemper combo			
FelV- Feline leukemia (cat)			
Rabies (1 yr/ 3 yr)			
FelV/Fiv test (cat)			
Fecal Test (Stool exam for worms)			
Medical History-Prior illness/Surgery:			

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet.

I assume all responsibility for all charges incurred in the care of the animal. I also understand that

All PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of the client responsible for pet

Date