



Owner Information:

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Pet Information:

1. Pet Name: \_\_\_\_\_ Type: Dog  or Cat   
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: Male  or Female   
Spayed/Neutered: Yes  or No

2. Pet Name: \_\_\_\_\_ Type: Dog  or Cat   
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: Male  or Female   
Spayed/Neutered: Yes  or No

3. Pet Name: \_\_\_\_\_ Type: Dog  or Cat   
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: Male  or Female   
Spayed/Neutered: Yes  or No

How did you hear about us? \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Authorization:** I hereby authorize the veterinarian to examine, prescribe for or treat my pet(s). I assume 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.

Garden Veterinary Clinic  
1479 Gene St, Winter Park, FL 32789  
407-250-5000