

**Gates County Animal Clinic**

New Client Registration

Client First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Spouse/Significant other Name & Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Driver License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

How did you hear about Gates County Animal Clinic?

\_\_\_\_\_  
\_\_\_\_\_

**Pet Information:**

Pet 1 Name: \_\_\_\_\_

Species:  Canine     Feline     Equine     Other: \_\_\_\_\_

D/O/B (Age): \_\_\_\_\_ Breed \_\_\_\_\_

Color: \_\_\_\_\_

Check Applicable:  Male     Female     Neutered     Spayed

Clinic where last seen: \_\_\_\_\_

Problem history that we need to be aware of while waiting for your records?

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Pet 2 Name: \_\_\_\_\_

Species:  Canine     Feline     Equine     Other: \_\_\_\_\_

D/O/B (Age): \_\_\_\_\_

Breed \_\_\_\_\_

Color: \_\_\_\_\_

Check Applicable:  Male     Female     Neutered     Spayed

Clinic where last seen: \_\_\_\_\_

Problem history that we need to be aware of while waiting for your records?

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Pet 3 Name: \_\_\_\_\_

Species:  Canine     Feline     Equine     Other: \_\_\_\_\_

D/O/B (Age): \_\_\_\_\_

Breed \_\_\_\_\_

Color: \_\_\_\_\_

Check Applicable:  Male     Female     Neutered     Spayed

Clinic where last seen: \_\_\_\_\_

Problem history that we need to be aware of while waiting for your records?

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**ALL FEES ARE DUE AT THE TIME SERVICE IS RENDERED**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gates County Animal Clinic, 66 Tinkham Road, Eure, NC 27935 (252) 357-2557