



Good Shepherd  
Veterinary Hospital

# Welcome

101 Fox Trot Dr  
Mars, PA 16046  
Tel: 724 776 PETS  
Fax: 724 776 7388  
[www.gsveterinaryhospital.com](http://www.gsveterinaryhospital.com)

## Client Registration

### Owner

_____ Last Name		_____ First Name		_____ SS#	
_____ Street Address		_____ City	_____ State	_____ Zip Code	
_____ Home Phone #		_____ Cell / Pager			
_____ Occupation		_____ Work #			
_____ Email Address		_____ Driver's License #			
_____ Spouse's Name		_____ Last Name		_____ Occupation	
_____ Work		_____ Cell / Page		_____ SS#	

### How did you hear about our facility?

Google   
  Advertisement   
  Friend   
  Radio/TV   
  Yellow Page   
  Other

## Patient Registration

_____ Your Pet's Name		Species	<input type="checkbox"/> Canine	<input type="checkbox"/> Feline	<input type="checkbox"/> Avian	<input type="checkbox"/> Other
_____ Date of Birth		_____ Breed		_____ Color /Marking		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed / Neutered	<input type="checkbox"/> Not Spayed / Neutered		
Vaccination History	<input type="checkbox"/> Rabies	<input type="checkbox"/> FVRCP/ DHPPL	<input type="checkbox"/> Feline leukemia	<input type="checkbox"/> Other		
_____ Dates						
_____ Medication / Dosages						

### Authorization for Medical Treatment

I hereby authorize Good Shepherd Veterinary Hospital Professional Staff to examine, prescribe, treat, and / or utilize procedures or tests deemed necessary for my above described pet to insure the best possible care. I assume responsibility for all charges incurred to my pet. I understand that payment is due at the time services are rendered and that GSVH does not bill. A deposit is required if non-elective hospitalization is necessary. An estimate is given upon request.

_____ Signature of Owner or authorized agent	_____ Spouse's signature	_____ Witness (Employee)
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Office use only:  
Registration date \_\_\_\_\_ Computer # \_\_\_\_\_