



NEW CLIENT FORM

Name: _____ Date: _____

Profession: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Spouse/Additional Owner Name: _____

Spouse Profession: _____

Spouse Cell Phone: _____ Work Phone: _____ Home Phone: _____

How did you hear about us? Location Website Google Yelp
 Veterinarian Friend Other

PATIENT INFORMATION

Pet 1 Name: _____ Age/Birthdate _____ Sex: _____ Spayed/Neutered? Yes No
Breed: _____ Color: _____ Pet Insurance Policy: _____

Pet 2 Name: _____ Age/Birthdate _____ Sex: _____ Spayed/Neutered? Yes No
Breed: _____ Color: _____ Pet Insurance Policy: _____

Pet 3 Name: _____ Age/Birthdate _____ Sex: _____ Spayed/Neutered? Yes No
Breed: _____ Color: _____ Pet Insurance Policy: _____

PHOTO CONSENT FOR SOCIAL MEDIA

Image Consent: We often use patient pictures for our website, Facebook, and Instagram. Your signature authorizes GCPH to use photographs and videos in print media, brochures, the GCPH website, and on social media outlets. You also agree not to file any claim for revenue, or lawsuit for damages, against this veterinary practice with respect to the release of this information.* Yes No

Owner or Agent Signature: _____

Owner or Agent Printed Name: _____ Date: _____