

Downtown Greensboro Animal Hospital  
120 W. Smith Street  
Greensboro NC  
(336) 338-1840

Today's Date: \_\_\_\_\_

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

How Did You Hear About Us: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers (please include area code):

Home:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Work:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_-\_\_\_\_

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

Spouse  Partner  Co-owner

Name: \_\_\_\_\_

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

Pet Name: \_\_\_\_\_ Species & breed: \_\_\_\_\_

Male  Neutered  Female  Spayed

Birthdate / Age (approx. if unknown): \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Microchip#: \_\_\_\_\_

Vaccination history (please check those that apply and provide the date of the last vaccination):

Rabies  Distemper-Parvo  Feline upper respiratory  Feline Leukemia

\_\_\_\_\_  
Date                      Date                      Date                      Date

**PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED**

· In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Downtown Greensboro Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.  
· It is understood that an estimate of charges will be given for services upon request. No guarantee or assurance can be made as to the results that may be obtained. Further, I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

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