



Welcome to the Gardner Animal Care Center

Client Information:

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Phone: _____

E-mail: _____

With your e-mail address you will be able to:

- Check your pets' vaccination status
- Request appointments and boarding
- Purchase medication and food refills
- Inform us when pets are lost or deceased
- Notify us of address changes

Pet Information:

Pet's Name: _____ Age / DOB: _____
 Breed: _____ Dog / Cat / Other Male Female
 Male / Neuter Female / Spay

Pet's Name: _____ Age / DOB: _____
 Breed: _____ Dog / Cat / Other Male Female
 Male / Neuter Female / Spay

Pet's Name: _____ Age / DOB: _____
 Breed: _____ Dog / Cat / Other Male Female
 Male / Neuter Female / Spay

Pet's Name: _____ Age / DOB: _____
 Breed: _____ Dog / Cat / Other Male Female
 Male / Neuter Female / Spay

Pet's Name: _____ Age / DOB: _____
 Breed: _____ Dog / Cat / Other Male Female
 Male / Neuter Female / Spay

Pet's Name: _____ Age / DOB: _____
 Breed: _____ Dog / Cat / Other Male Female
 Male / Neuter Female / Spay

We will gladly prepare a written estimate. If you would like one let the receptionist or technician know.

All payments are due at the time of services rendered. We accept cash, check and all major credit cards including Care Credit which may be approved in as little as 10 minutes.

For any returned checks there is a \$ 25.00 fee.

I have read and understand the above statements and agree to all terms therein.

Signature: _____ Date: _____