

Golden Valley Animal Hospital
 651 Winnetka Avenue North
 Golden Valley, MN 55427
 763-546-2323



Greenbrier Animal Hospital
 11040 Cedar Lake Road
 Minnetonka, MN 55305
 952-542-1012

Welcome to our Clinic!

In order to better serve you and your pets, please fill out as much of the below information as possible.

CLIENT INFORMATION

Date: _____

Last name: _____ First: _____ Spouse/Partner: _____

Address: _____ City: _____ Zip: _____

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

Spouse/Partner Work Phone: _____ Spouse/Partner Cell Phone: _____

Primary Email Address: _____

*Used to send out reminders for services due (exam, vaccines, etc) and occasionally to give notice of important information, such as pet food recalls, health concerns, and special offers.

How did you hear about our clinic? Personal referral (whom can we thank?): _____

Passing by: _____ Internet Search: _____ Humane Society: _____ Other (please explain): _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Our clinic does not bill for services. This policy helps to control costs on which we base our fees. We accept cash, checks, and most major credit cards.

PET INFORMATION

Please fill out the below for the pet we are seeing today. For additional pets, please see the back of this form.

Previous Veterinary Clinic: _____ City: _____ State: _____

Pet's Name: _____

Species (dog/cat/other)	
Breed	
Date of Birth (or approximate age)	
Color	
Gender	
Spayed/Neutered?	
Where was pet obtained?	
Current on vaccines?	
Microchipped?	

Significant medical history: _____

Allergies to vaccinations or medications: _____

Current medications / supplements: _____

Current diet and quantity fed: _____

We occasionally will post our patients and their stories on social media. Please sign below to authorize posting of your pets' name and information. Like us on Facebook and follow us on Instagram to see some of our stories!

OFFICE USE ONLY

- new client
- referral
- scan

Signature

Date

Additional Household Pets

Pet's Name: _____

Species (dog/cat/other)	
Breed	
Date of Birth (or approximate age)	
Color	
Gender	
Spayed/Neutered?	
Where was pet obtained?	
Current on vaccines?	
Microchipped?	

Significant medical history: _____

Allergies to vaccinations or medications: _____

Current medications / supplements: _____

Current diet and quantity fed: _____

Pet's Name: _____

Species (dog/cat/other)	
Breed	
Date of Birth (or approximate age)	
Color	
Gender	
Spayed/Neutered?	
Where was pet obtained?	
Current on vaccines?	
Microchipped?	

Significant medical history: _____

Allergies to vaccinations or medications: _____

Current medications / supplements: _____

Current diet and quantity fed: _____

Pet's Name: _____

Species (dog/cat/other)	
Breed	
Date of Birth (or approximate age)	
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Gender	
Spayed/Neutered?	
Where was pet obtained?	
Current on vaccines?	
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Significant medical history: _____

Allergies to vaccinations or medications: _____

Current medications / supplements: _____

Current diet and quantity fed: _____
