

Welcome to Homey Gnome Veterinary Clinic!

Owner Information:

Name: _____ Spouse/Secondary Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Number: _____

Email Address: _____

How did you find us?

Internet Drove By/Live in Neighborhood Previous Client

Personal Referral: _____ Other: _____

Communication Preference (select all that apply):

Phone Email Text Mail

About Your Pet(s):

Patient Name	Species	Breed	Gender	Spayed or Neutered?	Age/DOB	Color

Previous Animal Hospital: _____ Phone Number: _____

Do you have pet insurance? **Yes / No**

Here at Homey Gnome Veterinary Clinic, we like to celebrate and show off our patients! Do we have your permission to post photos of your pet on our website and social media pages? **Yes / No**

Informed Consent

I hereby authorize the Homey Gnome Veterinary Clinic veterinarian(s) to examine, prescribe for and treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I understand that these charges will be paid at the time of discharge, and that all charges are to be paid at the time of service. Homey Gnome Veterinary Clinics does not accept payment in the form of checks.

Signature of Owner

Date

