



Welcome to
Galena Veterinary Hospital



9475 Double R Boulevard, Suite #20
 Reno, NV 89521
 Phone: (775)853-4003
 Fax: (775)853-3617

Client Registration Information

Name: _____ Spouse's Name: _____
Last First Last First

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

Primary Phone #: () - _____ (Please circle one of the following: Cell Home Work)

Secondary Phone #: () - _____ (Please circle one of the following: Cell Home Work)

E-Mail Address: _____ Spouse's Email: _____

Employer: _____ Spouse's Employer: _____

Emergency Contact: _____ Phone #: () - _____

How did you hear about our hospital? _____
(i.e. Person's Name, Sign, Internet, Phone Book, Other)

Pet's Information

Pet's Name: _____ Dog Cat Other _____

Breed: _____ Color: _____ DOB: ____/____/____

Male / Neutered Female / Spayed

Microchip or Tattoo? _____ Any known allergies?: _____

Is your pet currently on any medication(s)? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent: _____ Date: _____