



AMC OF GARNER
VETERINARY HOSPITAL
MODERN MEDICINE. LIKE FAMILY

New Client Information

Welcome to AMC of Garner Veterinary Hospital! Thank you for choosing us as partners in the care of your pets. Our doctors and staff look forward to working with you towards a lifetime of health and happiness for your furry family.

Please take a few minutes to fill in the requested information below:

Name: _____ Spouse/Co-owner: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Please circle the number which you would like to be your primary contact number for the account

Email Address: _____

Driver's License #: _____

Authorized Person to make decisions in your absence (other than spouse/co-owner):

Name: _____ Relationship: _____ Phone #: _____

How did you hear about us?:

Internet _____ Yellow Pages _____ Sign/Drive-By _____

Referral (If so, who can we thank with our referral rewards program?): _____

Other (Please specify): _____

Please Circle One:

Do you give permission to AMC to share medical information concerning your pet with other animal hospitals, boarding facilities and grooming facilities when requested? Y N

Do you give permission to AMC to use a photograph of your pet on our clinic website or Facebook page? Y N