GOTHAM VETERINARY CENTER

700 Columbus Avenue
New York, NY 10025
T 212.222.1900
F 212.222.1888
gvc@gothamvetcenter.com
gothamvetcenter.com

REGISTRATION FORM **DATE** _____

OWNER'S NAME:

First: _____ Last: _____

SPOUSE/PARTNER:

First: _____ Last: _____

ADDRESS/CONTACT INFO:

Address _____ Apt _____

City _____ State _____ Zip _____

Email* _____

Home Phone _____ Cell Phone _____

Work Phone _____ Spouse/Partner Phone _____

EMERGENCY CONTACT: *(We need this number in case we are not able to reach you.)*

Name _____ Phone _____

Relationship _____

PET INFORMATION:

Name: _____	**Date of Birth: ____/____/_____**
Sex: Male ☐ Female ☐	**Species: Feline ☐ Canine ☐**
Breed:	**Spay/Neutered:**
Color:	**Microchip: Yes ☐ No ☐**

Do we have your permission to share your pet(s) image and story on social media, our website and other forms of related media? Your name and personal information will never be shared. *

☐ I authorize photo use. ☐ I do not authorize photo use.

HOW DID YOU HEAR ABOUT US?

Google ☐ Yelp ☐ Instagram ☐ Foursquare ☐ Bing ☐

Facebook ☐ Friend ☐ Walk by ☐ Other: _____

Office Payment Policy: Payment is due when services are rendered

We accept cash, check, and all major credit cards as forms of payment.

We offer CareCredit (6 month interest free financing) and ScratchPay (financing alternative)

Additional Pet Registration

Name		**Date of Birth:_____/_____/_____**	
Sex: Male ☐	**Female** ☐	**Species: Feline** ☐	**Canine** ☐
Breed:		**Spay/Neutered:**	
Color		**Microchip: Yes** ☐	**No** ☐

Name		**Date of Birth:_____/_____/_____**	
Sex: Male ☐	**Female** ☐	**Species: Feline** ☐	**Canine** ☐
Breed:		**Spay/Neutered:**	
Color		**Microchip: Yes** ☐	**No** ☐

Name		**Date of Birth:_____/_____/_____**	
Sex: Male ☐	**Female** ☐	**Species: Feline** ☐	**Canine** ☐
Breed:		**Spay/Neutered:**	
Color		**Microchip: Yes** ☐	**No** ☐

Name		**Date of Birth:_____/_____/_____**	
Sex: Male ☐	**Female** ☐	**Species: Feline** ☐	**Canine** ☐
Breed:		**Spay/Neutered:**	
Color		**Microchip: Yes** ☐	**No** ☐

Name		**Date of Birth:_____/_____/_____**	
Sex: Male ☐	**Female** ☐	**Species: Feline** ☐	**Canine** ☐
Breed:		**Spay/Neutered:**	
Color		**Microchip: Yes** ☐	**No** ☐