



El Gato Veterinary Hospital
15748 Los Gatos Blvd
Los Gatos, CA 95032-2508
(408)-356-2181 contactus@elgatovet.com
<http://www.elgatovet.com>

Please Provide Your Contact Information*

Date: _____

Owner Name _____ Co-Owner Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Work Phone _____

Cell Phone _____ Co-Owner: Cell _____

Email address* _____

- Returning Client?** Glad to have you back! **New client?** How did you learn about our hospital:
- Facebook Google Twitter Yelp Other: Specify: _____
- Referral?** Please name _____

Does your pet have medical insurance? Y N If yes, please specify company name _____

EMERGENCY CONTACT INFO:

If In the event of an emergency and *you / spouse* cannot be reached, who may we contact for your pet?

Contact Name _____ Phone Number(s) _____

How is this person related to you? _____

Any additional information needed regarding this contact? _____

***Our online information system and your Pet Portal are managed by PetDesk. Features include:**

- Request and Confirm Appointments Online via Email
- Receive Text message Appointment Reminders
- Notify us of contact information changes
- Submit client Satisfaction Surveys
- Request Prescription Refills online
- Refer your friends and family online

From time to time we post pet pictures on our webpage and our Facebook page. May we choose your pet? Y N ?

Fees are payable at time services are rendered. Person presenting the pet is legally responsible for payment of fees.

* Please note; your privacy is important to us. All information you provide us is considered confidential.