

G O T H A M V E T E R I N A R Y C E N T E R



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Registration Form

Date _____

Owner's Name:

First Name _____ Last Name _____

Spouse/Partner:

First Name _____ Last Name _____

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 you have pet insurance? ** _____

If you own a dog, do they have a New York City dog license? _____

How did you hear about us? _____

If you would like to register multiple pets, please turn page over to fill out additional pet information.

*Providing an e-mail address will allow us to send you e-mail reminders regarding your pet's health

** If you have insurance and would like for us to submit your claims, please bring in a blank signed insurance form

Additional Pet Registration

Name	Date of Birth: ____/____/____		
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Species: Feline <input type="checkbox"/>	Canine <input type="checkbox"/>
Breed:	Spay/Neutered:		
Color	Microchip: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name	Date of Birth: ____/____/____		
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Species: Feline <input type="checkbox"/>	Canine <input type="checkbox"/>
Breed:	Spay/Neutered:		
Color	Microchip: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name	Date of Birth: ____/____/____		
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Species: Feline <input type="checkbox"/>	Canine <input type="checkbox"/>
Breed:	Spay/Neutered:		
Color	Microchip: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name	Date of Birth: ____/____/____		
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Species: Feline <input type="checkbox"/>	Canine <input type="checkbox"/>
Breed:	Spay/Neutered:		
Color	Microchip: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name	Date of Birth: ____/____/____		
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Species: Feline <input type="checkbox"/>	Canine <input type="checkbox"/>
Breed:	Spay/Neutered:		
Color	Microchip: Yes <input type="checkbox"/>	No <input type="checkbox"/>	