

Welcome to the Animal Medical Center of Gilman!

Welcome to the AMC Gilman family! Please call your previous clinic and have your pet's records sent to us via email at amcgilman@gmail.com.

About You...

Owner: _____ Phone #: _____

Secondary: _____ Phone #: _____

Street Address: _____ PO Box: _____

Town: _____ State: _____ Zip Code: _____

Email (for patient reminders): _____

How did you hear about us? Facebook Google Radio Other _____

Friend/Family (if so please list for a credit): _____

About Your Pet...

Name: _____ Weight: _____

Species: _____ Breed: _____

Color: _____ Birthday/Age: _____

Sex (please check one): Female Spayed Female Male Neutered Male

Current RX Medications: _____

Prevention Medications: Yes No No, but I am interested in getting started

Relevant Medical History/Additional Information (if any): _____

I acknowledge that the Animal Medical Center of Gilman does not bill fees or have payment plans. Payment is expected at the time services are rendered.

Signature: _____ Date: _____