



Client Name: First _____ Last: _____

Spouse / Partner: _____

Address: _____

Zip: _____ City: _____ State: _____

Phone: Cell Phone (____) _____ Secondary (____) _____

Email: _____

Client Birth Date (California requirement for controlled drug dispensing): month/day/year _____



Patient Name: _____ Date of Birth or Age: _____

Species: _____ Sex: _____ Neutered/Spayed: ____ Yes ____ No

Breed: _____ Color / markings: _____

Do you have PET INSURANCE: ____ Yes ____ No. If yes, Type of Insurance: _____

Do you have vaccine history? ____ Yes ____ No. If not, where was your pet last vaccinated _____
Please bring a copy of your pets' vaccine history to your appointment if possible

Please list all previous Medical Problems / History / any known allergies to food, vaccines, medications:

We apologize for any inconvenience as we do NOT accept personal checks. We accept all major credit cards and Care Credit. **Initial** _____

I understand that by signing this I am responsible for all charges incurred during the treatment of my pet(s). I am aware of this responsibility and understand all procedures / surgeries require a deposit (or full payment) at admittance and that payment is due when services are rendered. I also approve that if the staff happen to get an adorable picture of my pet it can be used on social media or on the hospital website ☺

Signature _____

Print Name _____ Date _____

Welcome to the Family!