

Thank you for selecting our hospital for your pet's care. Your trust and confidence in our clinic is appreciated. Please carefully complete the following information. If you have any questions, do not hesitate to ask our receptionist for further assistance.

Today's Date: _____

INFORMATION ABOUT YOUR PET *(Please Print)*

Pet's Name: _____ Color: _____

Breed: _____ Dog Cat Bird Other

Birthdate: _____ Sex: Male Female Neutered or Spayed

Medical History *(Please check the boxes that apply to your pet)*

CANINE Vaccinations:

FELINE Vaccinations:

- DHLPP (5 in 1) WHEN: _____
- Corona WHEN: _____
- Bordetella WHEN: _____
- Rabies WHEN: _____
- Lyme's WHEN: _____

- FVRCP (Distemper) WHEN: _____
- Feline Leukemia WHEN: _____
- FIP WHEN: _____
- Rabies WHEN: _____

Is your pet currently on a special diet or medication? _____

List any previous problem we should know about (i.e. surgery) _____

List any known drug allergies: _____

Would you like a nail trim done on your pet today? Yes No Does your pet have health insurance? Yes No

Does your pet have a micro chip? Yes No

Information About You *(Please Print)*

Owner(s) Mr. Mrs. Dr. Ms.: _____ Spouse: _____
(circle one) Last First Initial First

Address: _____
Street Apt# City State Zip Code

Residence Phone: () _____ Pager/Mobile Phone: () _____

Work Phone: () _____ Spouse's Work Phone: () _____

Email Address: _____ Fax#: () _____

Place of Employment: _____ Address: _____

Spouse's Place of Employment: _____ Address: _____

How did you become aware of our clinic?

- NDC Yellow Pages Pacific Bell Yellow Pages Chinese Directory Brookhaven Client Previous Client
- Clinic Sign Internet Pet Co. Pet City Other _____ Friend _____
Name

Preferred Method of Payment

- Cash Check Visa Card MasterCard

I hereby authorize our hospital to render surgical and medical care for my pet(s). I understand that payment is required in full at the time services are rendered for surgery, treatments, or diagnosis. We require all pets to be free of fleas/ticks and to have a maintained coat during any hospital stay. In the event your pet should need such services we will make every effort to contact you before any services are performed. Any boarding animal not picked up within the time required by Sec. 1834.5 of the California Civil Code shall be deemed abandoned by the owner and will be disposed of according to Sec. 1835.5 of the California Civil Code.

Authorized Signature: _____

Date: _____