

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: \_\_\_\_\_