



Client Information Sheet

** Please Print Clearly **

Date _____
 Owner's Name _____ Spouse _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell _____ Email _____

Are You the owner of the Pet? Yes () No ()

May we email you pet alerts, new product and service announcements? Yes () No ()

How did you choose our clinic? () Yellow pages () Location () Website () Referral () Other

Whom may we thank for referring you? _____

Professional fees are to be paid at the time services are rendered.

If you wish to pay by check, please list your information:

CA Driver's license No. _____ D.O.B. _____

Signature: _____

Pet Information (Please Print)

Species	Breed & color	Pet's Name	Date of Birth	Sex	Sterilized	Date of Last Vaccination					
						Dog			Cat		
						Rabies	Bordetella	DHPPC	Rabies	FELV	FVRCP

Please list any current medical conditions, prior surgeries, allergic reactions, current diet, and medications.

 Name, address, and phone of previous veterinarian _____

May we call previous veterinarian for a copy of the records? Yes () No ()

***** For Hospital Use: WL () Pre Vet () Reminders () *****