



Animal Hospital of Thousand Oaks

Date _____

Owner's Name _____ Spouse _____

Address _____ City _____ Zip _____

Primary Contact Number _____ Secondary Contact Number _____

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

How did you choose our clinic? Location () Website () Referral () If so, please list their name: _____

Email Address: _____

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 ()