

San Dimas Animal Hospital

CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted. All the information provided is confidential. Please complete the following:

CLIENT INFORMATION:

Date _____

*Email _____ @ _____

*Name _____ Spouse's Name _____

*Address _____ *City _____ *State _____ *Zip _____

*Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Spouse's Wk. Phone (____) _____ Cell Phone (____) _____ Place of Employment _____

*Best time to reach you _____ * Driver's License # _____

Social Security # _____ Date of Birth _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment Cash/Check Visa/Master Card AAMEX Discover Debit Care Credit

How did you become aware of our clinic? Drove by Yellow Pages Previous Client Referral Other _____

Personal Recommendation (whom may we thank?) _____

What type of gift card would you prefer? Movies Restaurant _____

PATIENT INFORMATION

	PET#1	PET#2	PET#3	PET#4
*NAME OF THE PET				
*BREED OF THE PET				
*DATE OF BIRTH OF THE PET				
*COLOR OF THE PET				
*Female or Male & Spayed or Neutered				

YOUR DOG'S VACCINATION HISTORY (Approximate date of last vaccine)

*RABIES				
*DHLP PARVO CORONA				
*BORDETELLA (KENNEL COUGH)				
*LYME DISEASE				
*GIARDIA				
FECAL (STOOL SAMPLE)				
HEARTWORM TEST/PREVENTION				
FLEA PREVENTION				

YOUR CAT'S VACCINATION HISTORY (Approximate date of last vaccine)

*RABIES				
*FELINE DISTEMPER, RHINO (FVRCP)				
*LEUKEMIA VACCINE				
*FIP				
FECAL (STOOL SAMPLE)				
LEUKEMIA TEST, FELINE AIDS TEST				
HEARTWORM TEST/PREVENTION				
FLEA PREVENTION				

Any previous illness or surgeries? _____ Is your pet on any special diet? _____
 Any allergies to vaccinations or medication? _____ Which ones? _____

In the event any balance due hereunder is not paid at the completion of the visit/hospital stay, the undersigned agrees to pay all costs including said unpaid balance, monthly billing and finance charge.

*Owner Signature _____ *Date _____

* required information