

**SAN DIMAS ANIMAL HOSPITAL (SDAH)
CLIENT INFORMATION**

Please fill the form in its entirety and do not leave any fields blank.

If you have any questions or need help in completing the form please do not hesitate to contact SDAH.

Email the completed form to info@sandimasanimalhospital.com and call SDAH at (909) 599-1508 to schedule an appointment.

CLIENT INFORMATION

Name (Last, First): _____ Secondary Contact (Last, First): _____

Cell Phone: (_____) _____ Secondary Contact Cell: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Driver's License #: _____ D.O.B: _____

Please view the SDAH website for the Cancellation, No-Show, Late policies. Payment is due at the time of service.

I authorize SDAH to keep my credit card number on file for the sole purpose of collecting payment. Client's Initials: _____

Credit Card Type: () Visa () Master () Discover () American Express () Care Credit

CC Number: _____ Exp. Date: _____ Sec. Code: _____ Billing Zip Code: _____

Social Media Consent. Please circle one: I consent for me/my family & pet(s) I consent only for my pet(s) I do not consent

PATIENT INFORMATION			
	PET #1	PET #2	PET #3
NAME			
BREED/UNKNOWN			
DATE OF BIRTH or ESTIMATED AGE			
COLOR			
FEMALE/SPAYED OR MALE/NEUTERED			
KNOWN ALLERGIES? VACCINES, MEDICATIONS OR OTHER			
ANY PRESCRIPTIONS?			

PLEASE PROVIDE A COPY OF YOUR PET(S) VACCINATION HISTORY.

Whom may we thank for this recommendation? Name: _____

Owner Signature : _____ Date: _____

Thank you for giving us the opportunity to care for your four-legged furry friends.
San Dimas Animal Hospital
 314 N. San Dimas Ave, San Dimas CA 91773
 (909) 599-1508
 Email: info@sandimasanimalhospital.com