

LET'S GET ACQUAINTED...PLEASE FILL IN, READ AND SIGN...THANK YOU

### Owner Information

Name \_\_\_\_\_ Spouse/Additional Owner: \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_

Cell Phone#(\_\_\_\_\_) \_\_\_\_\_ Cell Phone#(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Work Phone #(\_\_\_\_\_) \_\_\_\_\_

Referred by \_\_\_\_\_ Your Date of Birth \_\_\_\_\_ (This is required for certain medications to be dispensed)

### Pet Information

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#### Pet #1

Name \_\_\_\_\_ Sex (MorF) \_\_\_\_\_ Neutered/ Spayed? \_\_\_\_\_ Age/D.O.B. \_\_\_\_\_

Dog /Cat/ Other \_\_\_\_\_ Breed/Species \_\_\_\_\_ Color/Markings \_\_\_\_\_

To the best of your knowledge, when was your pet last vaccinated? \_\_\_\_\_

Please list what was given and the dates administered, if known \_\_\_\_\_

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#### Pet #2

Name \_\_\_\_\_ Sex (MorF) \_\_\_\_\_ Neutered/ Spayed? \_\_\_\_\_ Age/D.O.B. \_\_\_\_\_

Dog /Cat/ Other \_\_\_\_\_ Breed/Species \_\_\_\_\_ Color/Markings \_\_\_\_\_

To the best of your knowledge, when was your pet last vaccinated? \_\_\_\_\_

Please list what was given and the dates administered, if known \_\_\_\_\_

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#### Pet #3

Name \_\_\_\_\_ Sex (MorF) \_\_\_\_\_ Neutered/ Spayed? \_\_\_\_\_ Age/D.O.B. \_\_\_\_\_

Dog /Cat/ Other \_\_\_\_\_ Breed/Species \_\_\_\_\_ Color/Markings \_\_\_\_\_

To the best of your knowledge, when was your pet last vaccinated? \_\_\_\_\_

Please list what was given and the dates administered, if known \_\_\_\_\_

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A REQUEST FOR FULL PAYMENT AT THE TIME THAT SERVICES ARE RENDERED IS NO REFLECTION ON YOUR CREDIT. CASH ACCOUNTS ENABLE US TO OPERATE WITH MORE ECONOMY, THUS REDUCING YOUR COST OF TREATMENT. PAYMENT MAY BE RENDERED BY CASH, CHECK, VISA OR MASTERCARD. I HAVE READ AND AGREE TO THE ABOVE.

SIGNED \_\_\_\_\_

VETERINARY SERVICE DURING NIGHTTIME HOURS, SOME DAYTIME HOURS AND/OR WEEKENDS, IS PROVIDED AT THE DISCRETION OF THE VETERINARIAN IN CHARGE. CONTINUOUS PRESENCE OF PERSONNEL MAY NOT BE PROVIDED DURING THESE HOURS.

California Code of Regulations  
Title 16 Section 2030