



## RANCHO BERNARDO VETERINARY CLINIC CLIENT INFORMATION FORM

Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

How did you hear about us? Referral Internet Yellow Pages Advertisement Other: \_\_\_\_\_

If Referral, whom may we thank? \_\_\_\_\_

**I UNDERSTAND THAT PROFESSIONAL FEES ARE TO BE PAID IN FULL  
AT THE TIME SERVICES ARE RENDERED**

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

### PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex / Altered			

Any previous illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

What flea / Tick / Heartworm prevention is your pet currently on? \_\_\_\_\_

Any recent history of traveling out of state? \_\_\_\_\_