



## Client and Patient Information Sheet

### Owner Information

Owner's Name(s) as you would like it to appear on your account: \_\_\_\_\_

Secondary Owner: \_\_\_\_\_ (Spouse  Significant Other  Relative  Friend  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Spouse Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ at telephone number: \_\_\_\_\_

**\*\*Any fees accrued are due at time of service. Payment plans are not accepted. Please ask about Care Credit if needed\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us?

Friend/Family/Word of mouth  Last and First Name of Referral \_\_\_\_\_

Rescue House  Sign  Website  Internet  (website) \_\_\_\_\_ Other \_\_\_\_\_

Your friend gets a \$10 bonus credit for referring you. You will also receive a \$10 bonus if you refer someone too!

### Pet Information

Pet #1 Name: \_\_\_\_\_ Species: Dog  Cat  Other  \_\_\_\_\_

Dog-Breed: \_\_\_\_\_ or Cat- Breed \_\_\_\_\_ Long Hair  Short Hair

Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ or Approx Age: \_\_\_\_\_

Sex: Male  Female  Is your pet spayed or neutered? Yes  No  Length of time owned \_\_\_\_\_ Yrs  Mos  Days

% of time spent outside \_\_\_\_\_ Any Allergies or important medical history that should be known?  
\_\_\_\_\_  
\_\_\_\_\_

7750 University Ave; Suite A  
La Mesa, CA 91942

Tel: (619) 465-4600  
Fax: (619) 465-8810



**Pet Information**

Pet #2 Name: \_\_\_\_\_ Species: Dog  Cat  Other  \_\_\_\_\_  
Dog-Breed: \_\_\_\_\_ or Cat- Breed \_\_\_\_\_ Long Hair  Short Hair   
Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ or Approx Age: \_\_\_\_\_  
Sex: Male  Female  Is your pet spayed or neutered? Yes  No  Length of time owned \_\_\_\_\_ Yrs  Mos  Days   
% of time spent outside \_\_\_\_\_ Any Allergies or important medical history that should be known?  
\_\_\_\_\_  
\_\_\_\_\_

**Pet Information**

Pet #3 Name: \_\_\_\_\_ Species: Dog  Cat  Other  \_\_\_\_\_  
Dog-Breed: \_\_\_\_\_ or Cat- Breed \_\_\_\_\_ Long Hair  Short Hair   
Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ or Approx Age: \_\_\_\_\_  
Sex: Male  Female  Is your pet spayed or neutered? Yes  No  Length of time owned \_\_\_\_\_ Yrs  Mos  Days   
% of time spent outside \_\_\_\_\_ Any Allergies or important medical history that should be known?  
\_\_\_\_\_  
\_\_\_\_\_

**Pet Information**

Pet #4 Name: \_\_\_\_\_ Species: Dog  Cat  Other  \_\_\_\_\_  
Dog-Breed: \_\_\_\_\_ or Cat- Breed \_\_\_\_\_ Long Hair  Short Hair   
Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ or Approx Age: \_\_\_\_\_  
Sex: Male  Female  Is your pet spayed or neutered? Yes  No  Length of time owned \_\_\_\_\_ Yrs  Mos  Days   
% of time spent outside \_\_\_\_\_ Any Allergies or important medical history that should be known?  
\_\_\_\_\_  
\_\_\_\_\_