

**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 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 |
|----------------|---------------|---------------|
| 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? _____