Dr. Albert Chan, DVM, MS
Dr. Rachel Sage, DVM
Dr. David Stroshine, DVM

ANIMAL HOSPITAL OF SALINAS

Client Information

Owner's Name: _____

Spouse/Other: _____

Mailing Address:

_____ _____ _____
Street/P.O. Box City Zip Code

Referred by: _____ _____ _____
Internet, if so where? Word of mouth, if so whom? Other

Owner Contact Information	Spouse/Other Contact Information
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail address: _____	E-mail address: _____

PET INFORMATION	Pet #1	Pet #2	Pet #3
Name			
Species (Cat, dog, etc)			
Breed and Color			
Date of Birth or Age			
Sex (Male or Female)			
Altered (Spayed or Neutered)			

*To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of external and internal parasites.
*All fees are due at the time of services rendered.
*I authorize the doctor to provide medical care and treatments to my pet for their health and well being as well as the health and well being of the other patients within the hospital.
*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.

_____ _____
Sign Date