

Yucaipa

Animal Hospital

NEW CLIENT FORM

Thank you for selecting our hospital for your pet's care. Your trust and confidence in our clinic is appreciated. Please carefully complete the following information. If you have any questions, do not hesitate to ask our receptionist for further assistance.

INFORMATION ABOUT YOU (Please Print)

Owner(s) Mr./Mrs./ Ms. _____
Last First Initial

Address: _____
Street - No P.O. Box Apt# City State Zip Code

Home Phone - - Mobile Phone - - Email Address: _____

Spouse's Name _____ Spouse's Mobile Phone -

Place of Employment: _____ Work Phone - -

INFORMATION ABOUT YOUR PET (Please Print)

Pet's Name: _____ Breed _____ Dog Cat Other _____

Birth Date: _____ Color _____ Sex: Male Female Neutered or Spayed

MEDICAL HISTORY (Please check the boxes that apply to your pet)

DHLPP (5 in 1)	DATE _____	FVRCP (Distemper)	DATE _____
Corona	DATE _____	Feline Leukemia	DATE _____
Bordetella	DATE _____	FIP	DATE _____
Rabies	DATE _____	Rabies	DATE _____
Lyme's	DATE _____		

Is your pet currently on a special diet or medication? Yes No

Does your pet have any allergies? Yes No

Would you like a nail trim done on your pet today? Yes No

Does your pet have a micro chip? Yes No

HOW DID YOU HEAR ABOUT US?

____ Live Near By _____ Internet Search _____ Yelp _____ Facebook _____ Website

Client: Who may we thank? _____

I hereby authorize YUCAIPA ANIMAL HOSPITAL to render surgical and medical care for my pet(s). I understand that payment is required in full at the time services are rendered for surgery, treatments, or diagnosis. We require all pets to be free of fleas/ticks and to have a maintained coat during any hospital stay. In the event your pet should need such services we will make every effort to contact you before any services are performed. Any boarding animal not picked up within the time required by Sec. 1834.5 of the California Civil Code shall be deemed abandoned by the owner and will be disposed of according to Sec. 1835.5 of the California Civil Code. I also authorize Yucaipa Animal Hospital to photograph my pet for medical records and social media purposes.

Authorized Signature: _____

Date: _____