



Today's Date: ___/___/___

Client Information Form

Mrs. ___ Mr. ___ Ms. ___ Dr. ___

First Name: _____ MI: _____ Last Name: _____

Secondary Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

*Driver's License: _____ Exp: _____ *Date of Birth: _____ *State law required for dispensing of controlled drugs

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Other: (____) _____ * Email: _____

*We request an email address to create a Petly account for your pet(s), to allow you to access the online pharmacy we work with, and to send reminders regarding your pet's vaccines or upcoming appointments. We do not share your information with any third parties.

How did you hear about us?

Yellow Pages ___ Hospital Sign ___ Yelp ___ Google ___ Other ___

Personal Recommendation ___ (Whom can we thank?) _____

Pet Information

Name: _____ Age/Birthday: _____

Species: DOG CAT Breed _____ Male Female

Color _____ Weight _____ Spayed/Neutered? Yes No

Second Pet

Name: _____ Age/Birthday: _____

Species: DOG CAT Breed _____ Male Female

Color _____ Weight _____ Spayed/Neutered? Yes No

Have your pets ever had a reaction to vaccines or medications? Yes No

If yes, what? _____

List any behavior problems we need to be aware of: _____

Emergency contact information: (additional person able to make medical decisions for your pet):

Name: _____ Phone number: _____

Consent

I hereby authorize the veterinarians at Sacramento Animal Hospital to examine, prescribe for, and treat the above described pet(s). Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatments to ensure proper medical care. I agree to pay for all services rendered and medications, goods, and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. Estimates for any and all recommended treatment can be available to you upon your request. By my signature below, I hereby agree to all of the above and acknowledge the receipt of a copy of this agreement (upon request).

Signature of owner or authorized person: _____ Date: _____