

San Diego Pet Hospital

New Client Information Form

Thank you for choosing San Diego Pet Hospital for the care of your pet(s). Please provide us with the following information about you and your pet(s). Information provided below will be kept confidential.



San Diego **Pet Hospital**

veterinary care from the heart

CLIENT INFORMATION

Owner/Agent: (Last) _____ (First) _____

Phone: () _____

Spouse/Partner: (Last) _____ (First) _____

Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Owner date of birth: _____

Please tell us how you heard about us, or who referred you? _____

Please tell us your preferred line of communication (circle one): **Phone Call** **Text Message** **Email**

Please tell us if you are (circle one) valid ID is required: **Senior Citizen (65+)** **Military Personnel (Active or Retired)**

PATIENT INFORMATION

1) Pet's Name: _____ Species: Dog Cat Other

Breed: _____ Sex: _____ Spayed/Neutered: Yes No

Color: _____ Birth date: _____

2) Pet's Name: _____ Species: Dog Cat Other

Breed: _____ Sex: _____ Spayed/Neutered: Yes No

Color: _____ Birth date: _____

I grant San Diego Pet Hospital® the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically without compensation.

San Diego Pet Hospital may take photos of me and/or my pet.

San Diego Pet Hospital may **NOT** take photos of me and/or my pet.

Owner/Agent Signature: _____ Date: _____

Full payment is due upon services rendered and release of patient.

Our apologies, checks are NO longer accepted.

We accept: * CareCredit * Cash * Visa * MasterCard * Discover * American Express