



**CLIENT INFORMATION**

Name: \_\_\_\_\_  
Last name                      First                      Middle                      Home Phone                      Cell Phone

Address: \_\_\_\_\_  
Street                      City                      State                      Zip Code

E-mail: \_\_\_\_\_ Drivers License: \_\_\_\_\_

**Animal Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

(Circle) CAT/DOG                      SEX:M/F                      SPAYED/NEUTERED/NONE                      DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

(Circle) CAT/DOG                      SEX:M/F                      SPAYED/NEUTERED/NONE                      DOB: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

To allow for continuity in the medical care of your pet, please list the name, city and state of the most recent veterinary hospital(s) at which your pet was examined or treated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DUE TO COSTS, WE HAVE ESTABLISHED THE FOLLOWING POLICY: FOR NEW CLIENTS CASH/CREDIT CARD AT TIME OF SERVICE RENDERED.**

**No-show appointment fees for an exam is \$60 and for anesthetic procedures it is \$110. One business day advance notice is required for cancellation. New or inactive clients will be required to pay a \$60 New Client Deposit in order to secure an appointment. Please call us at (805)922-0305 to schedule your appointment.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing you understand our policies and take full responsibility for all charges that occur during treatment*