

Please select one:

- Ambassador Dog & Cat Hospital Signal Hill Animal Hospital Sunny Hills Dog & Cat Hospital
- Sunsurf Veterinary Hospital Whittier Dog & Cat Hospital

NEW CLIENT INFORMATION SHEET

Today's Date: _____

Owner's Name: _____ DL#: _____ Exp: _____

Spouse's Name: _____ DL#: _____ Exp: _____

Address: _____

City/State/Zip: _____ E-mail Address: _____

Owner's Home Phone: _____ Work Phone: _____ Employer: _____

Spouse's Home Phone: _____ Work Phone: _____ Employer: _____

PET INFORMATION

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

Date of Birth/Age: _____ Sex: M F Color: _____ Spayed/Neutered? Y ___ N ___

Other Pets: Name: _____ Breed: _____ Age: _____

Name: _____ Breed: _____ Age: _____

MEDICAL HISTORY:

Please check if your pet has received the following within this last year.

CATS		DOGS		CATS & DOGS	
FVRCP Vaccines	Y__ N__	DHLPP(Distemper/Parvo)	Y__ N__	Blood Test? Y__ N__	If yes, Date _____
Feline Leukemia Vx	Y__ N__	Corona Vaccine	Y__ N__	Fecal Exam? Y__ N__	If yes, Date _____
FIP Vaccine	Y__ N__	Bordatella (Kennel Cough)	Y__ N__	Dental Exam/Cleaning? Y__ N__	If yes, Date _____
Rabies	Y__ N__	Lyme Vaccine	Y__ N__	Flea Control? Y__ N__	If yes, Date _____
		Rabies	Y__ N__	Heartworm Prevention? Y__ N__	
		Heartworm Test	Y__ N__		

Is your pet currently receiving any medication? Y__ N__ If yes, What? _____

Does your pet have any known allergies? Y__ N__ If yes, What? _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Sign _____ Yellow Pages _____ Here Previously (Date) _____

Internet/Website _____ Friend/Relative (Who) _____

ALL FEES ARE DUE AND PAYABLE WITH ALL ESTIMATED SERVICES TO BE COMPLETED OR UPON COMPLETION OF SERVICES.

Please tell us how you will be paying your bill by checking one of the following:

- Cash ATM/Debit Credit Card Check _____ (All checks are processed immediately through electronic transfer.)
- Payment in full is expected when treatment is performed or animal is discharged. In case of emergency hospitalization deposit arrangements must be made with the receptionist. On your request we will provide you with a written estimate of services to be provided.
- I hereby declare that the above information is correct to the best of my knowledge. I have read the above statement of policy and agree to all terms.

Signature: _____ Date: _____