



415.332.2212
1309 Bridgeway Blvd.
Sausalito, CA 94965

CLIENT INFORMATION

Your Name: _____
(Last, First Middle)

Email: _____

Spouse / Co-Owner of Pet: _____ Work Phone: _____

Home Phone: _____

Address: _____

Employer Name & Address: _____

How did you hear about Sausalito Animal Hospital? _____
(Yelp? Facebook? Referral? Sign?)

Patient Information:

Pet's Name: _____ Species: _____

Breed: _____ Birthdate: _____ Age: _____ Color: _____

Sex (Male or Female): _____ Neutered / Spayed (please circle one)

Date of Last Vaccines: (please fax records to 415-331-7401)

Cats:

Rabies: _____

FVRCP (Feline Distemper): _____

Leukemia/AIDS Test: _____

Leukemia: _____

Dogs:

Rabies: _____

DHPP (Dog Distemper): _____

Bordetella: _____

Lepto: _____

Heart Worm / Lyme Test: _____

Has your pet had care in the following areas? When?

Parasite Exams / Deworming? _____ Heartworm Test / Prevention? _____

Leukemia Test? _____ Dental Cleaning? _____

Comprehensive Blood / Urine Profile? ___ Thyroid Test? ___

Does your pet have any prior medical problems we should know about?
(please list here)

What is the best time to reach you at work? _____

ALL FEES ARE DUE UPON RELEASE OF PATIENT. PLEASE CIRCLE YOUR CHOICE OF PAYMENT.

CASH

MC/VISA

CHECK (if paying by check please include the information below)

D.L.#

Exp. Date:

DOB:

Client's Signature: _____ Date: _____