



CLIENT INFORMATION

Your Name: _____ **Date:** _____
(Last First Middle)

Address: _____ **City:** _____

Email: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Spouse / Co-Owner of Pet: _____

Home Phone: _____ **Work Phone:** _____

Employer Name and Address: _____

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

Patient Information:

Pet's Name: _____ **Species:** _____ **Breed:** _____

Birthdate: _____ **Age:** _____ **Color:** _____

Please circle one: *Neutered / Spayed* - **Sex** (*Male or Female*)

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: _____

Influenza: _____

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

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

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

_____ **Exp. Date:** _____ **DOB:** _____

Client's Signature: _____ **Date:** _____