

We are committed to honest communication, fair prices, and compassionate treatment of all patients.

## Vista Pet Hospital New Client Information

Date \_\_\_\_\_

Owner Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Co-Owner Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Owner Phone \_\_\_\_\_ Co-Owner Phone \_\_\_\_\_

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

Owner Email Address \_\_\_\_\_ Owner Employer \_\_\_\_\_

PET ONE

PET TWO

NAME \_\_\_\_\_

\_\_\_\_\_

SPECIES \_\_\_\_\_

\_\_\_\_\_

BREED \_\_\_\_\_

\_\_\_\_\_

SEX \_\_\_\_\_

\_\_\_\_\_

BIRTHDATE/AGE \_\_\_\_\_

\_\_\_\_\_

COLOR \_\_\_\_\_

\_\_\_\_\_

ALTERED (fixed) YES NO

YES NO

MICROCHIP # \_\_\_\_\_

\_\_\_\_\_

PRIOR ILLNESS / SURGERY \_\_\_\_\_

\_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

\_\_\_\_\_

Gets along w/ cats | dogs \_\_\_\_\_

\_\_\_\_\_

May be aggressive w/ humans YES NO

YES NO

Please request my pet's records from \_\_\_\_\_

**PLEASE READ:** All fees are due at time of service, no exceptions. We accept cash, debit cards, Visa, MasterCard, Discover and checks with driver's license only. We do not offer payment plans or accept post dated checks. I understand that all fees are due at the time of service.

Owner Signature \_\_\_\_\_