



Client Information

Client Name: _____ Email: _____

Address: _____ Apt #: _____ City/St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth: _____

Emergency Contact: _____ Phone: _____

Email: _____ *Your email address will only be used by our clinic to provide you with reminders, health bulletins, and other important information in regard to the health of your pet.*

How did you learn of our clinic? Yellow Pages Recommendation Sign Website Internet Ad Facebook

Other _____ If recommended, by whom? _____

Pet Information

Pet's Name: _____ Dog Cat Other _____ Male Female

Breed: _____ Color: _____ AGE/DOB: _____

Spayed Neutered

Reason for visit:

Is your pet microchipped? Yes No Last vaccines and where they were administered: _____

Authorization

We will gladly prepare a written estimate if you desire. This is important as **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. I understand that all fees are due at the time of my pets release and a deposit is required.

I authorize Balboa Vet Hospital to provide care for my pets. I assume responsibility for all charges on this account.

Signature of Owner: _____ Date: _____

Photo Release: I DO DO NOT give Balboa Vet Hospital permission to take photographs of me and my pet(s), and to copyright, use and publish the same in print or electronically for purposes of publicity, illustration, advertising and web content.