

NEW CLIENT INFORMATION

NAME: _____ **SPOUSE/CO-OWNER:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

YOUR DATE OF BIRTH: _____ **CELL PHONE:** _____ **HM :** _____

SPOUSE / CO-OWNER PHONE : _____ **EMAIL ADDRESS:** _____

DRIVERS LICENSE _____ **EXP.** _____ **(REQUIRED FOR MEDICATION DISPENSING)**

HOW DID YOU BECOME AWARE OF OUR CLINIC? PERSONAL RECOMMENDATION (WHOM CAN WE THANK?) _____

SIGN/WALK IN _____, YELP _____, LADERA RANCH AH _____, GOOGLE _____, FACEBOOK _____, SENDEROAH.COM _____, OTHER: _____

PET(S) INFORMATION

PREVIOUS VET: _____

	PET#1	PET#2	PET#3
NAME			
BREED			
DATE OF BIRTH/AGE			
COLOR			
SEX; ALTERED			
MICROCHIP ID #			
LAST DATE YOUR DOGS VACCINATIONS WERE GIVEN : (MONTH- DAY – YEAR)			
RABIES			
DAPP			
BORDETELLA			
OTHER			
FECAL / DEWORMING			
HEARTWORM TEST			
FLEA CONTROL PRODUCT			
LAST DATE YOUR CATS VACCINATIONS WERE GIVEN :		CIRCLE ONE :	INDOOR OUTDOOR BOTH
RABIES			
FVRCP			
LEUKEMIA			
FLEA CONTROL PRODUCT			

Are your pet(s) on any special diets or medications? _____

ANY KNOWN ALLERGIES? _____

CURRENT PET MEDICAL INSURANCE PROVIDER? _____

ALL FEES ARE EXPECTED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT/HOSPITAL STAY. NO PAYMENT PLANS OFFERED.

WE ACCEPT ALL MAJOR CREDIT CARDS      

In the event any balance due hereunder is not paid as agreed or refund is requested by credit card company, the undersigned jointly and severally agrees to pay all costs including said unpaid balance, attorney fees, billing fees, collection fees, and finance charges.

MEDIA RELEASE: I Authorize Sendero Animal Hospital and staff to use my pets photograph publicly to promote the Hospital. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. **YES** _____ **NO** _____ (please circle and initial one choice)

Signature _____ **Date** _____