

Client Registration Form

Welcome to **California Pet Hospital**! Thank you for giving us the opportunity to care for your pet. Since your pet can't talk to us, please take a moment to share some important information. This will help us ensure your pet receives the highest standard of care. **PLEASE PRINT** and write legibly. Thank you!

Primary Owner:	Co-Owner / Spouse:
Name:	Name:
Address:	Address:
Home#:	Home#:
Cell#:	Cell#:
Work#:	Work#:
DOB: *	DOB: *
Email:	Email:

**Owner's Date of Birth is required by the Drug Enforcement Agency (DEA) for prescribing controlled substances to your pet.*

How did you hear about us? _____

Personal recommendation? Who may we thank? _____

How do you prefer to receive healthcare reminders? Email Mail

How do you prefer to receive Appointment reminders? Phone Email

Cat	Dog	Other?	Name	Age/ DOB	Sex	Spayed/ Neutered	Description (Breed / Color)

Previous Veterinarian(s) and/or Hospital(s): _____

Were any vaccines given within the last year? Where were they given? _____

Any known allergies or reactions? _____

Please list any special handling requirements: _____

I give **California Pet Hospital** permission to publish my pet(s) photos: Yes No Please Initial: _____

Payment is required at the time of service. We accept cash, checks, Visa, MasterCard, Discover, American Express, and Care Credit. We do not accept post-dated checks. Please note returned payments will incur a fee.

The signature below acknowledges that all information provided above is true and accurate. I understand that there is no billing available through this office, and I accept full financial responsibility for all services rendered.

Signature: _____ Date: _____

FOR INTERNAL USE	Entered by:	Date:	Time:
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