

Rancho Bernardo Veterinary Clinic

Client Information Form

Owner's Legal Name: _____ Preferred Name: _____

Owner's DOB: ____/____/____ (Required by the state of California if controlled substance is dispensed)

Email: _____

Address: _____ Apt/Suite ____ City _____ State ____ Zip _____

Primary Phone Number: _____ Additional Phone Number: _____

Secondary Point of Contact: _____ Relationship: _____

How did you hear about us? Referral Internet Advertisement Other: _____

If referral, whom may we thank? _____

I UNDERSTAND THAT PROFESSIONAL FEES ARE TO BE PAID IN FULL AT THE TIME SERVICES ARE RENDERED.

Signature of Responsible Party _____ Date _____

PATIENT INFORMATION	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Date of Birth				
Color				
Sex/Altered?				

Any previous illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

What flea / tick / heartworm prevention is your pet currently on? _____