



**CLIENT INFORMATION (\*indicates required information)**

\*Owner's Name (first and last): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Is this a mobile number? Yes/No

\*Email Address: \_\_\_\_\_

\*Client Birthday (MM/DD/YYYY): \_\_\_\_\_

\*Would you like to receive emails/text for your pet's reminders? (CIRCLE ONE) **Yes** **No**

\*How did you hear about us? (CIRCLE ONE) Drive By/Online/Referral/Social Media/Other \_\_\_\_\_

Spouse/Significant Other Name (first and last): \_\_\_\_\_

Spouse/Significant Other Phone: \_\_\_\_\_ Is this a mobile number? Yes/No

Spouse/Significant Other Email Address: \_\_\_\_\_

**PET INFORMATION**

Pet's Name ---->	1.	2.	3.
Female/Male (circle)	Female/Male	Female/Male	Female/Male
Age or D.O.B			
Species (circle)	Canine/Feline	Canine/Feline	Canine/Feline
Breed			
Color/Markings			
Spayed/Neutered	Yes/No/Unknown	Yes/No/Unknown	Yes/No/Unknown
Microchipped	Yes/No/Unknown	Yes/No/Unknown	Yes/No/Unknown
Plan on Breeding	Yes/No	Yes/No	Yes/No

Previous Vet: \_\_\_\_\_ Previous Vet Phone: \_\_\_\_\_

\*I understand that pictures of my pet may be taken for his/her medical record. I **do/ do not (CIRCLE ONE)** give permission for the photos to be used in social media/promotional material for the hospital. **I understand that payments are due at the time of service and that Rancho Regional Veterinary Hospital does not extend credit.**

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_