



Please return completed form to:
Email: reception@theanimaldoctors.net
Or Fax: (650) 326-4975



CLIENT INFORMATION (please print clearly!)

Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone: _____ (Best # ☐) Cell: _____ (Best # ☐)

Spouse/Other _____

Spouse/Other Cell Phone: _____ (Best # ☐)

Email Address _____

How did you become aware of our clinic? ☐ Sign ☐ Our Website ☐ Yelp ☐ Google

Personal Recommendation (whom may we thank?) _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the below-described pet. I assume all responsibility for all charges incurred in the care of this animal.

I agree to pay for all of the medical services at the time they are rendered

Signature _____ Date _____

We accept Cash, Check, Visa/ MasterCard, and Discover.

Pets Health History:

Pet's Name _____ ☐ Dog ☐ Cat

Breed _____ Color _____ Birth Date _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Name of previous hospital or veterinary clinic _____

Any previous illnesses/surgeries/vaccine reaction? _____

Is your pet on any special diets or medications? _____

Are vaccinations current for your pet? Dates of vaccines? _____

Pet Insurance Provider/Account #: _____





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We want to provide excellent customer service and high quality patient care, and strive to meet and exceed your expectations. The following are important topics, and we'd like to be proactive in your wishes. Please don't hesitate to inquire if you would like further explanation or have questions.

State law requires that we provide our County's Animal Care Services a copy of all canine patients who have received a Rabies immunization vaccine.

Initial: _____

Our hospital utilizes a 3rd party to help remind you about your pet's current medical needs such as vaccines due. This agency *WILL NOT* provide your personal information to any other party. Please notify us if we *DO NOT* have permission to send reminders to you, otherwise please initialize to accept.

Initial to accept: _____

We love to share veterinary success stories, testimonials and photos. We will use this information for training, education, marketing and training purposes only. There is no expectation of financial compensation, and your full name will not be used.

Initial for approval: _____ Initial to decline: _____

Many drugs that have been approved for use in humans and/or some animals have also been proven to be safe and effective in species for which the drugs are not labeled. Our veterinarians, often by necessity, must recommend, administer, and prescribe drugs that are considered extra-label. I authorize my pet's veterinarian to use extra-label drugs.

Initial for approval: _____ Initial to decline: _____

I authorize the release of my pet's vaccination status to grooming, boarding, day care and other veterinary facilities without additional consent. In the event you've notified us your pet is covered by veterinary pet insurance, we will send medical records when requested.

Initial to accept: _____

