



Rancho West Animal Hospital



Client Information

***Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.**

Owner's Last Name: _____ First Name: _____

Co-Owner (if applicable): _____ Relation: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Email address _____ Date of Birth: _____

In Case of EMERGENCY, Call _____ Phone # _____

Contact information for previous medical records: _____

How did you hear about us? _____

***We will gladly prepare a written estimate if you so desire. Professional fees are due at time services are rendered.**

***To help prevent the spread of infectious diseases, ALL elective surgery patients, hospitalized patients and boarded animals must be current on ALL core vaccinations. You must provide adequate printed vaccination history at check in. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

By signing below, I am verifying that all of the above information is correct. I understand that all charges are due when services are rendered and I accept full responsibility for the charges incurred during every visit to Rancho West Animal Hospital. Furthermore, I hereby agree to pay all costs of collection or legal fees should such action be necessary due to non-payment.

Signature _____

Date _____

(Signature of Owner or Authorized Agent 18 years or older)

(Please fill out pet information on reverse)



Rancho West Animal Hospital



Patient Information

Please fill out for all of your Pets!

Pet 1:

Name OR Animal ID Number: _____ Species (circle one): Cat Dog Other: _____

Breed: _____ Color: _____ Birth Date/Age: _____

Behavioral problems: _____ Sex (circle one): Male / Female – Spayed / Neutered

Does your pet have any known allergies or vaccine reactions? Yes/No Pet Microchipped: Yes / No

Pet 2:

Name OR Animal ID Number: _____ Species (circle one): Cat Dog Other: _____

Breed: _____ Color: _____ Birth Date/Age: _____

Behavioral problems: _____ Sex (circle one): Male / Female – Spayed / Neutered

Does your pet have any known allergies or vaccine reactions? Yes/No Pet Microchipped: Yes / No

Pet 3:

Name OR Animal ID Number: _____ Species (circle one): Cat Dog Other: _____

Breed: _____ Color: _____ Birth Date/Age: _____

Behavioral problems: _____ Sex (circle one): Male / Female – Spayed / Neutered

Does your pet have any known allergies or vaccine reactions? Yes/No Pet Microchipped: Yes / No

Pet 4:

Name OR Animal ID Number: _____ Species (circle one): Cat Dog Other: _____

Breed: _____ Color: _____ Birth Date/Age: _____

Behavioral problems: _____ Sex (circle one): Male / Female – Spayed / Neutered

Does your pet have any known allergies or vaccine reactions? Yes/No Pet Microchipped: Yes / No

Thank You ☺