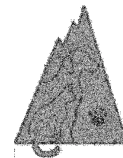


# WELCOME



Date: \_\_\_\_\_ **Office Use:** Client ID: \_\_\_\_\_ Initials: \_\_\_\_\_

## PRIMARY OWNER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Employer: \_\_\_\_\_ Address \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_

## SPOUSE/CO-OWNER

Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

## REFERRED BY

How did you hear about us?: Sign / Location \_\_\_\_\_ Website \_\_\_\_\_ Internet \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Coupon: \_\_\_\_\_  
Client - Who may we thank?: \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Birthdate / Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed / Neutered: Y \_\_\_\_\_ N \_\_\_\_\_ Last Place Vaccinated: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Birthdate / Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed / Neutered: Y \_\_\_\_\_ N \_\_\_\_\_ Last Place Vaccinated: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other: \_\_\_\_\_

Birthdate / Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed / Neutered: Y \_\_\_\_\_ N \_\_\_\_\_ Last Place Vaccinated: \_\_\_\_\_

## AUTHORIZATION

**PAYMENT IS DUE AT TIME OF SERVICE:** We accept Cash, Personal Check with verification of a current Driver's License, VISA, MasterCard, Discover, American Express, ATM/Debit, CareCredit®.

I / We understand and agree that in the event of default, to pay reasonable collection and/or attorney fees.

X \_\_\_\_\_  
Signature of Owner

*Thank you and Welcome to Foothill Animal Hospital where your pets are treated like our own*

