

WELCOME TO OUR PRACTICE!

FOOTHILL ANIMAL HOSPITAL

29040 Portola Pkwy
Lake Forest, CA 92630
(949) 380-1255

CLIENT INFORMATION SHEET

DATE _____

YOUR NAME _____

SPOUSE'S NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ CELL # _____

YOUR EMPLOYER _____ PHONE # _____

SPOUSE EMPLOYER _____ PHONE # _____

E-MAIL _____ REFERRED BY _____

METHOD OF PAYMENT _____ DRIVER LICENSE # _____

PET INFORMATION

1 st Pet				2 nd Pet			
Pet Name				Pet Name			
Species: <i>(please circle)</i>		Sex: <i>(please circle)</i>		Species: <i>(please circle)</i>		Sex: <i>(please circle)</i>	
Canine	Feline	Male	Female	Canine	Feline	Male	Female
Altered? <i>(please circle)</i>		Yes	No	Altered? <i>(please circle)</i>		Yes	No
Breed:				Breed:			
Color:				Color:			
Weight:		DOB: / /		Weight:		DOB: / /	
Last place of vaccination:				Last place of vaccination:			
3 rd Pet				4 th Pet			
Pet Name				Pet Name			
Species: <i>(please circle)</i>		Sex: <i>(please circle)</i>		Species: <i>(please circle)</i>		Sex: <i>(please circle)</i>	
Canine	Feline	Male	Female	Canine	Feline	Male	Female
Altered? <i>(please circle)</i>		Yes	No	Altered? <i>(please circle)</i>		Yes	No
Breed:				Breed:			
Color:				Color:			
Weight:		DOB: / /		Weight:		DOB: / /	
Last place of vaccination:				Last place of vaccination:			