



10397 Friars Road
San Diego, CA 92120
(619) 282-7677

Client Registration (Please fill out as completely as possible) Date _____

Owner (Last name, First name) _____

Address _____

City, State, Zip _____

Telephone # (____) _____ Additional # (____) _____

Business # (____) _____ E-Mail _____

Alternate Contact Name & Phone # _____

Drivers license # _____ **Owner's Birthdate** _____

Pet Information

Pets Name _____ Pets Birthday/Age _____

Species: Dog Cat Previous Veterinarian _____

Breed _____ Color _____ Sex _____ Spayed Neutered

Is your pet Indoor Outdoor Both Do you have any other pets? Yes No

If Yes, how many Pets? _____ Species? _____

Vaccines (if yes check box and please specify date last given)

Canine

- Distemper _____
- Parvovirus _____
- Bordetella _____
- Corona _____
- Lymes _____
- Rabies _____
- Heartworm Test _____

Feline

- Distemper _____
- Feline Leukemia _____
- FIP _____
- Rabies _____
- FELV/FIV combo test _____

Has your pet experienced any of the following recently:

Vomiting Yes No Diarrhea Yes No Coughing Yes No Sneezing Yes No

Is your pet using any parasite control (flea and/or heartworm prevention)? Which kind(s)? _____

What kind of food do you feed your pet? Dry Can Brand(s) _____

Has your pet had any sensitivity or adverse reactions to drugs or medications? _____

Does your pet have any previous medical conditions? _____

Reason for today's visit _____

How did you hear about us?

- Hospital Sign Humane Society/County Pet Assistance
- Yellow pages/Phonebook SNAP Internet search _____
- Pennysaver Petco Friend Name _____
- Friends of Cats AKC Other _____