Santa Cruz VETERINARY HOSPITAL
GENERAL PRACTICE

Santa Cruz Veterinary Hospital
1980 41st Avenue, Capitola, CA 95010
(831) 222-5520 · santacruzveterinaryhospital.com

NEW CLIENT AND PET INFORMATION FORM

Client Information

Name: _____ Co-Owner's Name: _____

Mobile Phone #: _____ Co-Owner's Mobile Phone #: _____

Work Phone #: _____ Co-Owner's Work Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

How Did You Hear About Us? _____ Website _____ Facebook _____ Drove By _____ Other / Personal Referral

Whom May We Thank? _____

Prior Veterinarian Information

Practice Name: _____

Practice Phone #: _____ Veterinarian Name: _____

Pet Information *(Additional pets can be added on page 2)*

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ____ Male ____ Female ____ Neutered? ____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

_____

AUTHORIZATION

By submitting this form, I hereby authorize Santa Cruz Veterinary Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved.

I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit is required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of patient from Santa Cruz Veterinary Hospital.

Signature of Owner / Agent: _____ Date: _____

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Please add additional pet(s) and their pertinent information below. If you only have one pet, please disregard.

Client Information

Name: _____ Co-Owner's Name: _____

Pet #2 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ____ Male ____ Female ____ Neutered? ____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

_____

Pet #3 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ____ Male ____ Female ____ Neutered? ____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

_____

Pet #4 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ____ Male ____ Female ____ Neutered? ____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

_____