

OWNER

First Name

Last Name

Phone Number
 Opt Out Of Texts

Email Address
 Opt Out Of Emails

Occupation

Driver's License Number

 _____ / _____ / _____
Date of Birth
 (Required for controlled substance prescriptions)

CO-OWNER

First Name

Last Name

Phone Number

Relationship To Primary Owner

Occupation
ADDRESS

Number and Street

Unit Number

City

State

Zip
PET INFO

Pet Name: _____

 Species: Dog Cat

DOB or Age: _____

Breed: _____

Color: _____

 Sex: Male Female

 Spayed/Neutered?: Yes No

Pet Insurance Provider: _____

Allergies: _____

Medical Alerts: _____

Pet Name: _____

 Species: Dog Cat

DOB or Age: _____

Breed: _____

Color: _____

 Sex: Male Female

 Spayed/Neutered?: Yes No

Pet Insurance Provider: _____

Allergies: _____

Medical Alerts: _____

Pet Name: _____

 Species: Dog Cat

DOB or Age: _____

Breed: _____

Color: _____

 Sex: Male Female

 Spayed/Neutered?: Yes No

Pet Insurance Provider: _____

Allergies: _____

Medical Alerts: _____

HOW DID YOU HEAR ABOUT US? Yelp Hospital Sign Google Our Website Other: _____

 Personal Recommendation (Whom may we thank?): _____

Rabies vaccine is required for ALL cats and dogs living in Long Beach. By law, animal bites to humans are reported to Long Beach Animal Control. Biting pets that are not current on rabies vaccination will be quarantined by the City at the owner's expense. The law requires we report all rabies vaccinations that are given in hospital to the City. The report includes client name, patient description and contact information. **I agree to pay for all the services rendered in accordance with the terms and conditions of the office. I, or my agent, hereby authorize the doctor(s) at Belmont Shore Veterinary Hospital to diagnose, prescribe, and treat my animals.**

Signature

Date