



# WELCOME TO SEQUOIA VETERINARY HOSPITAL



## CLIENT INFORMATION

**Primary Owner** \_\_\_\_\_

Your Last Name First Name

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Co-Owner** \_\_\_\_\_

Last Name First Name

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about Sequoia Veterinary Hospital? \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_ Age or Birthday: \_\_\_\_\_

Species (check one):  Dog  Cat Breed: \_\_\_\_\_

Color: \_\_\_\_\_ For cats:  Shorthair  Medium  Long

Sex (check one):  Male  Female Neutered/Spayed?  Yes  No

Do you have current vaccine information?  Yes  No Microchipped?  Yes  No

Does your pet have any drug sensitivities/reactions?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your pet currently on any medications?  Yes  No

If yes, please explain: \_\_\_\_\_

## PAYMENT INFORMATION

**Payment is due at the time professional services are rendered.**

- Initial \_\_\_\_\_ I assume responsibility for all charges incurred on this account, including but not limited to animal care, service charges, finance charges, and collection costs.
- Initial \_\_\_\_\_ I understand that all charges will be paid at the time of release and that a deposit may be required.
- Initial \_\_\_\_\_ I understand that any medical or surgical procedure is attended by risk and that it is impossible to guarantee the successful outcome of any such procedure.

**Method of Payment** (check one or more) **\*\* Please note:** American Express is not accepted.

Cash  Check (telecheck)  Visa  Mastercard  Discover  Debit  CareCredit

By signing below I am accepting these terms and understand that this agreement is in force indefinitely from this date.

**Owner/Financially Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature