



## PET EMERGENCY & SPECIALTY CENTER

Please provide us with the following information about you and your pet. As we will be entering this information into our computer, please write legibly and answer all of the questions below.

Owner/Agent: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse/Significant Other: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Driver's License # \_\_\_\_\_ (State) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security # \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species:  Dog  Cat  Other

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered?  Yes  No Age: \_\_\_\_\_

Who is your pet's regular veterinarian?

Dr. \_\_\_\_\_

At \_\_\_\_\_

How did you hear about our clinic?

- Pet's regular veterinarian  Brochure  G & L Times  
 Pacific Bell Yellow Pages  Other Yellow Pages  
 Sign  Friend  Prior Visit  Other

Approximate date of last visit at your veterinarian: \_\_\_\_\_

Has your pet been vaccinated within the past year?  Yes  No

**Payment is required at the time of service or hospitalization. We are not able to offer billing.**

When you have completed this form, please return the clipboard to our technician.

Thank you!