

# Santa Clarita

ANIMAL HOSPITAL



## Client (Owner) Information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SPOUSE OR CO-OWNER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

## Pet Information

PET'S NAME: \_\_\_\_\_ Age or DOB \_\_\_\_\_

SPECIES: Dog \_\_\_\_ Cat \_\_\_\_ BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_ GENDER: Male \_\_\_\_ Female \_\_\_\_

SPAYED/NEUTERED: Yes \_\_\_\_ No \_\_\_\_

*PUBLICITY RELEASE: I authorize Santa Clarita Animal Hospital to use my pets' first names and photos of my pets in marketing materials, which may include but are not limited to social media accounts like Facebook and Instagram, in-hospital signage and other forms of advertising.*

## Medical Records

*Please list the name and phone number of where your pet's previous medical and vaccine records can be obtained.*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please present completed form and valid I.D. to the front desk*