



**CLIENT INFORMATION**

Owner's Name: Dr. Mr. Mrs. Ms. \_\_\_\_\_  
Last First Initial

Spouse's Name: Dr. Mr. Mrs. Ms. \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street Apt# City State Zip code

Home phone: ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cellular ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

What is your preferred method of contact? \_\_\_\_\_

E-Mail \_\_\_\_\_

Our reminder system is done via a third-party: Vetshout. Vetshout will send messages via text and email regarding upcoming appointments and/or reminders. **Please initial here if you wish to OPT OUT of the Vetshout system.**

**Cell phone \_\_\_\_\_ Email \_\_\_\_\_**

We will sometimes post pictures of our patients to social media and/or our in house slide show. **Please initial here if you wish to OPT OUT: Slide Show \_\_\_\_\_ Social Media \_\_\_\_\_**

Emergency contact: \_\_\_\_\_  
Name Relationship Phone

How did you become aware of our hospital?  Sign  Internet Yellow pages  Phone Book  Google  
 Personal referral \_\_\_\_\_  Other \_\_\_\_\_  
(who may we thank!)

**Your Pet's Information**

Pet's Name: \_\_\_\_\_  Cat  Dog  Other \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_  Male  Neutered  Female  Spayed

Veterinary hospital to contact for previous records \_\_\_\_\_

If the records are not under the name(s) listed above, who should we reference?  
 \_\_\_\_\_

Has your pet had vaccines within the year?  No  Yes

Does your pet have a microchip?  No  Yes \_\_\_\_\_  
Manufacturer Code (We can scan your pet if needed)

Previous medical problems?  No  Yes \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies/Drug reactions?  No  Yes \_\_\_\_\_

I authorize the release of my pet(s) previous medical records to Advanced Care Veterinary Hospital

Signature of Owner/authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_

Advanced Care Veterinary Hospital, by law, asks for your date of birth in order to legally prescribe controlled substance prescriptions for your pet if deemed necessary by a Veterinarian. This information is kept confidential and exclusively used for providing the dispensing information to the Department of Justice. "Pursuant to Business and Professions Code Section 4170 and Section 11190 of the Health and Safety Code, all licensees who dispense Schedule II, III and IV controlled substance must provide the dispensing information to the Department of Justice on a weekly basis." - Veterinary Medical Board of California

Date of Birth: \_\_\_\_\_ Print Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_