

# Yucaipa

Animal Hospital

## NEW PATIENT FORM

Thank you for selecting our hospital for your pet's care. Your trust and confidence in our clinic is appreciated. Please carefully complete the following information. If you have any questions, do not hesitate to ask our receptionist for further assistance.

### INFORMATION ABOUT YOU (Please Print)

Owner(s) Mr./Mrs./ Ms. \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
Last, First Initial

Spouse's Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_ - \_\_\_\_\_ -  
Last, First

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ -  
Street - No P.O. Box Apt# City State Zip Code

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - Spouse's Work Phone \_\_\_\_\_ - \_\_\_\_\_ - Email Address: \_\_\_\_\_

### INFORMATION ABOUT YOUR PET (Please Print)

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

Birth Date: \_\_\_\_\_ Color \_\_\_\_\_ Sex: Male  Female  Neutered or Spayed

### MEDICAL HISTORY (Please check the boxes that apply to your pet)

|                |            |                   |            |
|----------------|------------|-------------------|------------|
| DHLPP (5 in 1) | DATE _____ | FVRCP (Distemper) | DATE _____ |
| Corona         | DATE _____ | Feline Leukemia   | DATE _____ |
| Bordetella     | DATE _____ | FIP               | DATE _____ |
| Rabies         | DATE _____ | Rabies            | DATE _____ |
| Lyme's         | DATE _____ |                   |            |

Is your pet currently on a special diet or medication? Yes  No

Does your pet has any allergies? Yes  No

Would you like a nail trim done on your pet today? Yes  No

Does your pet have a micro chip? Yes  No

### HOW DID YOU BECOME AWARE OF OUR CLINIC

Verizon Yellow Pages  Alpha Yellow Pages  Clinic Sign  Website  Friends  \_\_\_\_\_

Other  \_\_\_\_\_

I hereby authorize YUCAIPA ANIMAL HSOPITAL to render surgical and medical care for my pet(s). I understand that payment is required in full at the time services are rendered for surgery, treatments, or diagnosis. We require all pets to be free of fleas/ticks and to have a maintained coat during any hospital stay. In the event your pet should need such services we will make every effort to contact you before any services are performed. Any boarding animal not picked up within the time required by Sec. 1834.5 of the California Civil Code shall be deemed abandoned by the owner and will be disposed of according to Sec.1835.5 of the California Civil Code.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_