

(office use only)

Chart # _____

Date _____

Staff _____



NEW CLIENT INFORMATION

Name _____
{Mr/Mrs/Ms/Miss/Dr} {Last, First (as appears on your ID)} Spouse/Partner/Other

Mailing Address _____

City: _____ State _____ Zip _____

Primary contact phone # _____ Other contact # _____

Email address _____ Driver's License or ID* _____

Birthdate* _____ **required in the event of dispensing controlled substances*

How did you hear about us?

Internet Search ____ Mailing/Ad ____ Drive-By ____ Referral _____
(please let us know so we may thank them!)

Pet Information #1		Pet Information #2	
Name		Name	
Breed		Breed	
Male / Female	Neutered? Y / N	Male / Female	Neutered? Y / N
Age or Date of Birth		Age or Date of Birth	
Color		Color	
Microchip? Y / N		Microchip? Y / N	
Previous Hospital (if any)		Previous Hospital (if any)	

SOCIAL MEDIA CONSENT

We LOVE to showcase our furry friends on social media! Please let us know if we may post your fur baby's picture!

Yes, I give Laguna Hills and its agents permission to post my pet's picture on social media

No, I do not give Laguna Hills and its agents permission to post my pet's picture on social media

PAYMENT POLICY

PAYMENT IS DUE AT TIME OF SERVICE. WE DO NOT OFFER ANY BILLING SERVICES.

We accept Cash, Check* (with proper ID) Visa, MC, Discover, American Express, Discover, and Care Credit.

*Any check returned from your financial institution is subject to a \$25.00 service fee.

Signature _____ Date _____