



New Client Form

Client Information

First name: (Mr./ Ms./ Mrs.) _____ Last name: _____

Primary phone (Home Cell): _____

Secondary phone (Home Cell): _____ Email address: _____

Home address (number, street, city, state, zip): _____

Preferred method of communication (check one): Phone Text Email

How did you hear about us? _____

Spouse/ partner's name: _____ Spouse/ partner's phone: _____

Patient Information

Pet's name: _____ Breed and color: _____

Pet's date of birth: _____ Pet's gender: _____ Neutered or spayed? _____

Pet's personality/ temperament? _____

Has your pet had any allergies to medication or food? _____

Is your pet currently on medication, flea/ parasite/ heartworm prevention? _____

| <i>Date of last vaccine (Cat)</i> | <i>Date of last vaccine (Dog)</i> |
|---|--|
| Rabies (<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr) _____ | Rabies (<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr) _____ |
| FVRCP (<input type="checkbox"/> 3wk <input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr) _____ | DHPP/ DAPP (<input type="checkbox"/> 3wk <input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr) _____ |
| Felv/ leukemia (<input type="checkbox"/> 3wk <input type="checkbox"/> 1 yr) _____ | Bordetella (<input type="checkbox"/> 3wk <input type="checkbox"/> 1 yr) _____ |
| FIV/ Felv combo test _____ | Leptospirosis (<input type="checkbox"/> 3wk <input type="checkbox"/> 1 yr) _____ |
| | Canine influenza (<input type="checkbox"/> 3wk <input type="checkbox"/> 1 yr) _____ |

As the owner, or authorized agent, of the above named pet(s), I hereby consent and authorize the hospital to receive, examine, prescribe, and treat this pet. I understand that all fees are due and payable upon the release of the patient. If the patient has to be admitted for treatment, a deposit may be required at that time.

Owner/ authorized agent signature: _____ Date: _____

(OPTIONAL) I hereby give South Pasadena Animal Hospital permission to take photographs and videos of me and my pet for the purpose of South Pasadena Animal Hospital posting on social media accounts (Facebook, TikTok, and Instagram) and their hospital website. I hereby release and discharge South Pasadena Animal Hospital from any and all claims arising out of use of the photos. In the aforementioned social media accounts and website, South Pasadena Animal Hospital also has my permission to use my name and my pet's name for the purposes of social media promotions. In signing this consent, I give authorization to use my name and my pet's name as listed below

Owner/ authorized agent signature: _____ Date: _____