

Rancho Viejo Animal Hospital

Registration

Owner's name _____ Spouse/Co-owner _____

Mailing Address _____ City _____ Zip _____

Home # _____ Cell # _____ Work # _____

SS# _____ Driver's License # (required) _____

Employer _____ Occupation _____

Email address: _____

In Case of Emergency, contact _____ Phone _____

How did you hear about us?

_____ Internet (Circle one) Google Yelp Yahoo RVAH Website

_____ Newspaper _____ Sign out front _____ Flyer

_____ Word of mouth (who may we thank? _____)

Pet's Name _____ Date of Birth _____

Circle one : Dog Cat Other

Circle one: Male Female Is your pet Neutered/Spayed? Yes No

Breed _____ Color _____

What do you feed your pet & how much per day? _____

Is your pet on any medications? Yes(please list) _____ No _____

Does your pet have a microchip ID? Yes _____ No _____

Is your pet allergic to any medication or vaccines? Yes (please list) _____ No _____

Please list the date of each vaccine below:

Dogs: DistemperParvo _____ Bordetella _____ Rabies _____

Cats: FVRCP _____ FeLV _____ Rabies _____

In all cases, payment is due at the time of service. Due to the volume of patients seen in our clinic, payment plans and billing are not an option. To assist you in making payments, we accept cash, check, Visa, MasterCard and American Express. We also offer Care Credit for extended payment options. An itemized estimate can be provided to you before services are rendered at your request.

The undersigned warrants that he/she is the owner of, and/or the responsible party for, the animal described above and is responsible for all charges incurred. This is not a 24-hour clinic and overnight supervision is not provided.

Signature

Date