



La Cumbre  
ANIMAL HOSPITAL

Client/Pet Information Form

Dr.:

Date:

Time:

Check in time:

*Thank you for choosing us to care for your pet(s)*

*So that we may become better acquainted, please complete the following:*

**Client(s) Information:**

Name \_\_\_\_\_  
Mr./Mrs./Ms./Dr. First Name Last Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Is there another guardian you would like on the chart?**

spouse  partner  relative  representative  Assistant

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Best contact person, number and time to reach you \_\_\_\_\_

**Pet(s) information:**

| Name | Birthdate | Breed | Sex | Color | Spayed/<br>Neutered |
|------|-----------|-------|-----|-------|---------------------|
|      |           |       |     |       |                     |
|      |           |       |     |       |                     |
|      |           |       |     |       |                     |

May we request records from your Previous Veterinarian? Y / N Contact # \_\_\_\_\_

Previous Veterinarian's Name and contact phone number: \_\_\_\_\_

Called for records  Records Linked  Verbal Vx Hx obtained  Entered in dashboard

Asked for Fecal sample if not done in last year  Asked to bring in fasted if dog & over 8 years old

**How did you become aware of our hospital? (Please check one.)**

Sign/Walk by \_\_\_\_\_ Internet/Website \_\_\_\_\_ Groomer \_\_\_\_\_ Trainer \_\_\_\_\_ Pet Sitter \_\_\_\_\_ Advertisement \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_ other \_\_\_\_\_ (Please specify.)

May we use photos of your pets publicly? (Facebook, website, etc.) Y/N

**Payment: I understand that all charges are to be paid at time of service, my preferred method of payment is:**

Cash  Credit Card  Check  Care Credit

Signature of owner or responsible party: X \_\_\_\_\_