La Cumbre Animal Hospital
Client/Pet Information Form

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_____

Best contact person, number and time to reach you_____

E-Mail Address: _____

Is there another guardian (i.e. spouse, partner, relative, representative) whose name you'd like on the chart?

_____Contact # _____

Pet(s) information:

Name	Birthdate	Breed	Sex	Color	Spayed/ Neutered

May we request records from your Previous Veterinarian? Y / N
Previous Veterinarian's Name and contact phone number: _____
May we use photos of your pets publicly? (Facebook, website, etc.) Y / N

How did you become aware of our clinic? (Please check one.)
Sign/Walk by ____ Internet/Website ____ Groomer ____ Trainer ____ Pet Sitter ____ Advertisement ____
Personal Recommendation (Whom may we thank?) _____ other_____ (Please specify.)

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

Signature of owner or responsible party: X_____