

**Rose Canyon Animal Hospital**

**New Client Form**

Owner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Primary Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell \_\_\_ house\_\_\_)

Secondary Contact Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell\_\_\_ house\_\_\_)

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? Driving By Internet Search Yelp Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that by signing this I am responsible for all charges incurred during the treatment of my pet(s). I am aware of this responsibility and understand all procedures / surgeries require a deposit (or full payment) at admittance and that payment is due when services are rendered. *I also approve that if the staff happen to get an adorable picture of my pet it can be used on social media or on the hospital website.***

**Please Complete all Pet information Below**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Pet #1 | Pet #2 | Pet #3 |
| Name |  |  |  |
| D.O.B |  |  |  |
| BREED |  |  |  |
| COLOR |  |  |  |
| GENDER |  |  |  |
| SPAYED/NEUTERED? |  |  |  |
| ANY CURRENT ILLNESS/MEDICATION? |  |  |  |
| ANY ALLERGIES? |  |  |  |
| PET INSURANCE? WHICH ONE? |  |  |  |