

Client Information Form

Welcome to South Peninsula Veterinary Emergency Clinic. Our staff is dedicated to the optimum in patient care and we will do our utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic.

Date _____

Name _____ Spouse's Name _____

Address _____ Apt ____ City _____ State ____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Which number is the best to reach you during your pet's hospitalization? Home / work / cell / other _____

Patient Information

Pet's Name _____ Breed _____

Date of Birth _____ Sex (circle): Female Male Color _____
Spayed Neutered

Referring Veterinarian: Name _____ Hospital _____

Our pet is: Member of Family Child's Pet Backyard Pet We are temporary guardians/pet sitter

Please list previous illnesses or surgeries:

Any allergies to medications or vaccines?

Is your pet on any medication(s) or special diet?

Please list:

Have you given your pet any home remedy(ies) in the past 7 days?

Please describe:

Have you visited our emergency clinic in the past? _____ When? _____

How did you choose our practice? Referred by daytime veterinarian Which one? _____

Previous visit Yellow Pages Website Yelp/online search

Personal Recommendation (whom may we thank?) _____

I agree to be financially responsible for fees incurred by examination, treatments, and services performed for my pet's medical care. A deposit is required to begin treatment or hospitalization. Payment in full is due at the time services are delivered, or at the time of my pet's discharge from this clinic.



Signature of Owner or Agent
Office Use Only

Client VIA ID: _____

Patient VIA ID: _____