

ENCINA VETERINARY HOSPITAL

CLIENT REGISTRATION FORM

Owner _____

Spouse/Co-Owner/Alternate Contact _____

Address _____

City _____

State _____

Zip _____

Primary Phone # _____

Alternate Phone # _____

DOB _____

Gender _____

Drivers License # _____

Your personal information is needed by law for prescription items your pet may need. Please be sure to enter YOUR information

Email Address _____

We use your email address to send you appointment reminders, pet health reminders and news about our hospital – we will NEVER abuse it

OWNER

Employer _____

Work Phone # _____

SPOUSE/CO-OWNER/ALT. CONTACT

Employer _____

Work Phone # _____

HOW DID YOU HEAR ABOUT US?

Were you referred to our hospital by a veterinarian? Yes No

What is the name of the veterinarian who referred you? _____

If so, what is the name and city of the hospital/clinic? _____

If you were NOT referred, is there a hospital/clinic we should send records to? _____

What is the name of the veterinarian who saw your pet most recently? _____

If you were NOT referred by a hospital/veterinarian, how did you hear about us?

Google/Search Engine

Facebook

Yelp.com

Yellowpages/Phonebook

Friend: _____

Other (website, drive by, event, etc): _____

Professional fees are due at the time services are rendered. For your convenience we accept MasterCard, Visa, American Express, Discover, Care Credit, or cash. We do not accept checks as of 01/01/2012

Signature of Owner _____

Date _____