



Client Information				Date:	
Title:	Last:	First			Middle:
Street:					
City:				State:	Zip:
Telephone	Home:	Cell:	Work :		
Email:					
Place of Employment:					
Significant Other's Name:				Cell #:	
Best method of contact: <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Work # <input type="checkbox"/> Significant other #					
Would you like to receive text notifications? Yes <input type="checkbox"/> No					

Patient Information				Species:	Dog	Cat
Pet's Name:				Estimated DOB:		
Breed:	Sex:	Male	Female	Color:		
Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No			Microchip #:			
Date of Last Vaccinations (best estimate):						
Rabies:	FVRCP:	Heartworm Test:				
Parvo/Distemper:	Leukemia:	FeLV/FIV Test:				
Bordetella:	Lepto:	K9 Influenza:				
Current Medications:						
Any allergies/reactions to current or past medications:						
Does your pet have pet insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which company?						

Financial Arrangements

Professional fees are payable at the time services are rendered.

NOTE: WE DO NOT BILL UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

I hereby authorize MAH to examine, prescribe for, and/or treat the above described pet.

I, as owner or person acting on behalf of the owner, acknowledge that I am entering into a legal agreement with Monterey Animal Hospital for veterinary services.

I understand and acknowledge that Monterey Animal Hospital does not have an operable fire sprinkler or monitored fire alarm system installed on the premises, and further understand the potential risks and dangers to my pet due to the lack of any such systems at this facility.

Signature of Owner:	Date:
Signature of person presenting this pet for treatment if other than owner:	Date: