

the **ANIMAL** 

## CLINIC

45 Cronin Drive

Santa Clara, CA 95051

(408) 241-8200

## **OWNER AND PATIENT REGISTRATION FORM**

Thank you for giving THE ANIMAL CLINIC the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Mr./Ms./Mrs./ Owner(s)				Home	
	Last	First	Initial		
Spouse			Children		
Address		City _		ZIP	
Place of Employment		/		Work Phone	
	employer		Title		
Email			Cell Phone		
If necessary, may we call yo	u at work?				
How did you become aware				n [] Newspaper	
-		0	[] Advo		

## ALL FEES ARE DUE UPON RELEASE OF PATIENT

**PET INFORMATION** (Please fill in the following for each pet)

	PET 1	PET 2	PET 3
NAME			
SPECIES (Cat, Doq)			
BREED			
COLOR			
DATE OF BIRTH			
SEX			
SPAY/NEUTER			

	PET 4	PET 5	PET 6
NAME			
SPECIES (Cat, Dog)			
BREED			
COLOR			
DATE OF BIRTH			
SEX			
SPAY/NEUTER			

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment and hospitalization.						
If you pay by check please complete th	0	or Responsible Party				
Driver's License Number	D.O.B	Exp. Date				