



## CLIENT INFORMATION

Owner's Name: Mr. Mrs. Dr. Ms. \_\_\_\_\_  
Last First Initial

Spouse's Name: Mr. Mrs. Dr. Ms. \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street Apt# City State Zip code

Home phone: ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cellular ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Our reminding system is a service by Vetshout. They will send you text by cell phone and emails about upcoming appointments and/or reminders of services due. Please initial here to give your permission for Vetshout to contact you by either email or cell phone. Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Please initial if we can use pictures of pet on our lobby: Slide Show \_\_\_\_\_ Facebook page \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Relationship Phone

How did you become aware of our hospital?  Sign  Internet Yellow pages  Phone Book  Google

Personal referral \_\_\_\_\_  Other \_\_\_\_\_  
(whom may we can thank!)

### Pet Information

Pet's Name: \_\_\_\_\_  Cat  Dog  Other \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_  Male  Neutered  Female  Spayed

Veterinary hospital that has previous records \_\_\_\_\_

Are the records under the name(s) listed above? If not, what name should we reference?  
\_\_\_\_\_

Has your pet had vaccines within the year?  No  Yes

Does your pet have a microchip?  No  Yes \_\_\_\_\_  
Manufacturer Code (We can scan your pet!)

Previous medical problems?  No  Yes \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies/Drug reactions?  No  Yes \_\_\_\_\_

I authorize the release of my pet(s) previous medical records to Advanced Care Veterinary Hospital

Signature of Owner/authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_

Advanced Care Veterinary Hospital, by law, asks for your date of birth in order to legally prescribe controlled substance prescriptions for your pet if they are deemed necessary by a Veterinarian. This information is kept confidential and exclusively used for providing the dispensing information to the Department of Justice. Pursuant to Business and Professions Code Section 4170 and Section 11190 of the Health and Safety Code, all licensees who dispense Schedule II, III and IV controlled

❖ Thank You For Choosing Our Hospital ❖



ADVANCED CARE VETERINARY HOSPITAL  
12443 POWAY ROAD, POWAY, CA 92064  
P: 1-858-486-8860 F: 1-858-486-0810

substance must provide the dispensing information to the Department of Justice on a weekly basis.+ - Veterinary Medical  
Board of California

Date of Birth: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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