

ANAHEIM ANIMAL CARE & PET HOSPITAL

1177 N. Magnolia Ave Anaheim CA, 92801

714-527-9292

Owner's Name:		Home Phone:	Work Phone:
Address:		Cell Phone:	Fax:
City:		Spouse/Partner:	Phone:
State:	Zip:	In case of emergency contact:	
Email address:			

How did you hear about us: Yellow Pages, Penny Saver, Exterior Sign, Post Card/Flyer, Vaccine Clinic

A Friend ==> Name: _____

Pet #1

Pet #2

Pet #3

Name:		Name:		Name:	
Sex: Male, Female, Spayed, Neutered		Sex: Male, Female, Spayed, Neutered		Sex: Male, Female, Spayed, Neutered	
Date of Birth:	Age:	Date of Birth:	Age:	Date of Birth:	Age:
Breed:	Color:	Breed:	Color:	Breed:	Color:
Species: Dog, Cat, Rodent Other		Species: Dog, Cat, Rodent Other		Species: Dog, Cat, Rodent Other	
Any Known Allergies:		Any Known Allergies:		Any Known Allergies:	
Diet: Dry, Canned, Both		Diet: Dry, Canned, Both		Diet: Dry, Canned, Both	
Brands of Diet:		Brands of Diet:		Brands of Diet:	

Vaccine History:

Vaccine History:

Vaccine History:

Vaccines Current: Yes No	Vaccines Current: Yes No	Vaccines Current: Yes No
Has your pet been wormed in the last year YES NO	Has your pet been wormed in the last year YES NO	Has your pet been wormed in the last year YES NO
Has your pet been tested for (Circle) Heartworm, Feline leukemia, FIV FIP, Giardia, Parasites	Has your pet been tested for (Circle) Heartworm, Feline leukemia, FIV FIP, Giardia, Parasites	Has your pet been tested for (Circle) Heartworm, Feline leukemia, FIV FIP, Giardia, Parasites
List any existing problems your pets may have:	List any existing problems your pets may have:	List any existing problems your pets may have:

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection effort becomes necessary. If neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that my pet is abandoned and are hereby authorized to dispose of my pet as you deem best/necessary.

Signature _____ Date _____