



Terra Vista Animal Hospital

Client/Pet Information Sheet

Owner _____
Last First Middle Initial

Address _____
Number Street Apartment No.
City State Zip Code

Home Phone _____ E-mail Address _____

Cell Phone _____ Employer _____

Work Phone _____ CA DL No. _____

Pager/Other _____ Social Security No. _____

How did you hear about us? Yellow Pages Sign Internet Friend/Family _____ Other

Spouse or Co-Owner _____

Home Phone _____ E-mail Address _____

Cell Phone _____ Employer _____

Work Phone _____ CA DL No. _____

Pager/Other _____ Social Security No. _____

Pet Information

Name _____ Cat Dog Other Breed _____

Color _____ Birth Date or Age _____ Male Female Altered: Yes No

Name _____ Cat Dog Other Breed _____

Color _____ Birth Date or Age _____ Male Female Altered: Yes No

Name _____ Cat Dog Other Breed _____

Color _____ Birth Date or Age _____ Male Female Altered: Yes No

Name _____ Cat Dog Other Breed _____

Color _____ Birth Date or Age _____ Male Female Altered: Yes No

Name _____ Cat Dog Other Breed _____

Color _____ Birth Date or Age _____ Male Female Altered: Yes No

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the pets described above. I assume financial responsibility for charges incurred. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalized cases. In the event that a balance goes over 30 days, I understand that there may be a finance charge of 1.5% per month plus statement fees. An estimate of fees is available upon request.

Signature of Owner or Agent _____ Date _____