



Arroyo Grande Veterinary Hospital
1199 E. Grand Ave.
Arroyo Grande, CA 93420

Phone (805) 481-9434
Fax (805) 481-3412

New Client Information

Client Name _____ Email _____

Alternate Client Name _____ Employer _____

Address _____ Occupation _____

City/St./Zip _____ Driver's Lic# _____ State _____

Primary Phone _____ Cell Home Work

Secondary Phone _____ Cell Home Work

Referred by: _____

Emergency Phone _____ Cell Home Work

Pet's name _____

Species Dog Cat Other

Sex Male Female

Neutered Spayed

Breed _____

Color _____

Birth date _____

Rabies vaccination date _____

Other vaccination _____

Pet's name _____

Species Dog Cat Other

Sex Male Female

Neutered Spayed

Breed _____

Color _____

Birth date _____

Rabies vaccination date _____

Other vaccination _____

Please read and sign the following authorization for treatment:

I am 18 years of age, or older, and I hereby authorize the staff of Arroyo Grande Veterinary Hospital to render any treatment which is deemed necessary to my pet's health while in custody of the clinic. Veterinary service is provided after hours as necessary under the judgment of the Veterinarian in charge. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me, or my designated representative, before proceeding with treatment. I understand that I will be financially responsible for all procedures and costs, including the Estimate of Charges provided to me in person or over the telephone. **Professional fees are to be paid at the time services are rendered. A \$25.00 returned check fee would be charged for all returned checks.**

Signature of owner (or authorized representative)

Date