

Front office: ID verified __ **Arroyo Veterinary Clinic**

Welcome! Please help us serve you better by providing the following information.

Last Name: _____ First Name: _____

Spouse/Co-owner: _____

Address: _____

City: _____ State/Zip Code: _____

Email Address: _____

Is it **OK** to contact you via email for your pet's vaccine reminders and other important information regarding your pet's health? **YES/NO** (please circle)

Email address will NOT be shared with 3rd parties.

PLEASE CIRCLE PRIMARY CONTACT NUMBER:

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

How did you hear about us? (Please check applicable)

- You are *currently* a regular client at Arroyo Veterinary Clinic
- You are a *returning* client at Arroyo Veterinary Clinic
- Referred by a regular client at Arroyo Veterinary Clinic
- Name of referring client _____
- Yellow Pages
- Internet (please specify, check one):
Google: ___ Yelp: ___ Facebook: ___ Internet Yellow Pages: ___
- Newspaper Ad
- Other, please specify: _____

ACCOUNTS ARE PAYABLE AT THE TIME SERVICES ARE RENDERED

Abandoned animals are subject to the California Abandoned Animal Act SB No. 1018 of the Civil Code which is posted in this office for you information.

There are no night attendants in this clinic; therefore we recommend animals requiring 24 hr. attention to be taken to the Emergency Clinic for night care.

The bad check law of California, Assembly Bill No. 1226 is aimed at curtailing the writing of bad checks and a notice is posted in this office for your information. **I have read the foregoing.**

Owner of Animal Please Sign _____ Date: _____