



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: _____

Driver's License Name: _____ D/L Number: _____ Exp. Date: _____

Contact Information

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

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.

How did you hear about us? (Please write the name of the referring client or your exam coupon code if applicable)

Pet Information

Name: _____ Species: _____ Breed: _____

DOB/Age: _____ Gender: M / F Is your pet spayed/neutered? Y / N

Color of pet: _____

When was your pet last vaccinated? _____

Do you have any other pets at home? _____

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 your 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.

I authorize Arroyo Veterinary Clinic to use photographs of myself and my pets on social media and in-house marketing.

I have read the foregoing.

Owner of Animal Please Sign _____ Date: _____

Co-Owner of Animal Please Sign _____ Date: _____