

Welcome to



Sierra View Animal Hospital

New Client Information

Owner Registration:

Owner's Name: _____

First

Last

Spouse/Other: _____

Address: _____ Apt/Unit: _____

City: _____ Zip Code: _____ State: _____

Phone number: (Home): _____ (Work): _____

(Cell): _____ (Spouse Cell): _____

Which number would you like us to use to contact you? : _____

Driver's License : _____ Exp: _____ State: _____

If you are paying by check please fill out the following:

Social Security: _____ Date of Birth: _____

Where you referred by someone? If so who do we have to thank? : _____

Pet Registration:

Pet's Name: _____ Sex: _____

Is your pet Spayed or Neutered: YES NO Microchip/Tattoo #: _____

Birthday or age of pet: _____ Species: Canine Feline Rabbit Other

Breed: _____ Color: _____

Additional Pet Registration:

Pet's Name: _____ Sex: _____

Is your pet Spayed or Neutered: YES NO Microchip/Tattoo #: _____

Birthday or age of pet: _____ Species: Canine Feline Rabbit Other

Breed: _____ Color: _____

Authorization:

I hereby authorize the veterinarian at Sierra View Animal Hospital to examine, prescribe for and treat for the conditions presented on this form for the pet presented by me.

Furthermore, I agree to pay fees, in full, for all services rendered when my pet is discharged from the hospital's care. I also understand that at times a deposit may be required at the time my pet is dropped off.

Signature: _____ Date: _____

Name: _____

Method of Payment: Cash Check Mastercard Visa Discover ATM