



# Rancho San Carlos Pet Clinic

7850 Golfcrest Drive, San Diego, CA, 92119 \* 619-462-6820

## Client Information

Primary Owner: Dr. Mr. Mrs. Ms. \_\_\_\_\_  
Last First Initial

Second Owner: Dr. Mr. Mrs. Ms. \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street Apt# City State Zip code

Cellular ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

What is your preferred method of contact? \_\_\_\_\_

Our reminder system is done via a third-party: Pet Health Network will send messages via text and email regarding upcoming appointments and/or reminders. **Please initial here if you wish to OPT OUT of the reminder system.**

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

We will sometimes post pictures of our patients to social media and/or for internal use/slideshow.

**Please initial here if you wish to OPT OUT: Slide Show \_\_\_\_\_ Social Media \_\_\_\_\_**

Emergency contact: \_\_\_\_\_  
Name Relationship Phone

How did you become aware of our hospital?  Sign  Internet  Yellow pages  Phone Book  Google

Personal referral \_\_\_\_\_  Other \_\_\_\_\_  
(who may we thank!)

## Pet Information

Pet's Name: \_\_\_\_\_  Cat  Dog  Other \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_  Male  Neutered  Female  Spayed

Veterinary hospital to contact for previous records \_\_\_\_\_

Has your pet had vaccines within the year?  No  Yes

Does your pet have a microchip?  No  Yes \_\_\_\_\_  
Manufacturer Code (We can scan your pet if needed)

Previous medical problems?  No  Yes \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies/Drug reactions?  No  Yes \_\_\_\_\_

I authorize the release of my pet(s) previous medical records to Rancho San Carlos Pet Clinic

Signature of Owner/authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_

Rancho San Carlos Pet Clinic, by law, asks for your date of birth in order to legally prescribe controlled substance prescriptions for your pet if deemed necessary by a Veterinarian. This information is kept confidential and exclusively used for providing the dispensing information to the Department of Justice. "Pursuant to Business and Professions Code Section 4170 and Section 11190 of the Health and Safety Code, all licensees who dispense Schedule II, III and IV controlled substance must provide the dispensing information to the Department of Justice on a weekly basis." - Veterinary Medical Board of California

Date of Birth: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

≧ Thank you for choosing our hospital! ≦  
*Payment due at time of service*