



Redwood Animal Hospital

NEW CLIENT / OWNER INFORMATION

(Please print and fill out completely)

DATE _____ E-MAIL ADDRESS _____

OWNER NAME: _____
(FIRST) (MI) (LAST)

Owner verification. Please show your driver's license to the Receptionist. Verified by: _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PRIMARY PHONE _____ SECONDARY PHONE _____ OTHER _____

Owner's D.O.B. _____ (This MUST be filled out in order to pick up controlled medications)

EMPLOYER NAME _____ OCCUPATION _____ PHONE _____

EMPLOYER ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

SPOUSE/CO-OWNER _____
(FIRST) (MI) (LAST)

(By filling out the above OWNER NAME, you are assuming responsibility for below listed pet(s) as well as financial responsibility. If there is a SPOUSE/CO-OWNER, they are also responsible for below listed pet(s) as well as financial responsibility.)

HOW DID YOU HEAR ABOUT US? (Please try and be specific. For example: YELP, GOOGLE, YELLOW PAGES, SIGN/DRIVE-BY, etc.) _____

WERE YOU REFERRED BY A CLIENT? IF SO, WHO? (We would like to send them a "Thank You") _____

AUTHORIZED AGENT/ADDITIONAL OWNER

(Any person indicated below is considered an authorized agent and pet(s) may be brought in and/or released into their care. This does not give this person financial responsibility for below pet(s) and OWNER/CO-OWNER will be contacted prior to any medical procedures/expenses.)

(FIRST NAME) (MI) (LAST NAME)

PET INFORMATION

PET'S NAME _____ BREED _____ SEX _____ NEUTERED/SPAYED? Y N

DOG/CAT/OTHER _____ BIRTHDATE _____ COLOR _____

PET'S NAME _____ BREED _____ SEX _____ NEUTERED/SPAYED? Y N

DOG/CAT/OTHER _____ BIRTHDATE _____ COLOR _____

SIGNATURE OF OWNER: _____ DATE _____

Redwood Animal Hospital likes to take pictures of your pet(s) and post to Facebook and/or Instagram. Please initial here if you give us permission to post pic(s) of your pet _____

Receptionist Initials once entered into DVMax _____