



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 driver's license to Receptionist. Verified by: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PRIMARY PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

D.O.B. \_\_\_\_\_ (This must be filled out in order to pick up certain medications)

EMPLOYER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

SPOUSE/CO-OWNER \_\_\_\_\_  
(FIRST) (MI) (LAST)

SPOUSES EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

(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 \_\_\_\_\_

Entered By: \_\_\_\_\_

Revised 04/12/16