



Client Information

Owner's First and Last Name: _____

Address: _____

City/Zip Code: _____

Email: _____

Primary Cell Phone#: _____

Home Phone#: _____

Co-Owner Name: _____

Co-Owner Phone #: _____

Information Required for Controlled Substances:

Owner's Date of Birth: _____ / _____ / _____

Driver's License #: _____ State: _____

EXP: _____ / _____ / _____

Patient Information

Pet #1's Name: _____

Coloring: _____

Breed: _____

Pet's Sex: M / F (circle one) Spayed / Neutered (circle one)

DOB: _____ (OR) Approx. Age: _____

Known Allergies: _____

Previous Veterinary Clinic:

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Patient Information

Pet #2's Name: _____

Coloring: _____

Breed: _____

Pet's Sex: M / F (circle one) Spayed / Neutered (circle one)

DOB: _____ (OR) Approx. Age: _____

Known Allergies: _____

Previous Veterinary Clinic:

Rabies Protocol: To help prevent the spread of infectious diseases, ALL hospitalized patients must be current on all recommended vaccinations. California law requires that all dogs and cats be current on rabies vaccination and veterinarians are advised to decline care if the owner refuses this.

Yes, My pet(s) are up to date with their rabies vaccine No, My pet is not up to date and I would like the vaccine today.

Record Sharing: If your pet's records are ever requested by an outside party, do you give permission for Berkeley Animal Hospital to share records with other veterinary practices? **Yes, I give permission. No, Contact me first.**

Record Sharing: Do you give permission to Berkeley Animal Hospital using photographs of your pet on our social media platforms? **Yes No**

Preferred method of communication: Please indicate which method(s) you would like us to reach to you about you pet's treatment and records. **Text | Email | Phone**

How did you hear about us? Please indicate so we can show our extend our gratitude.
Veterinarian | Friend | Yelp | Google | Social Media | Other:

Terms of Service I hereby authorize Berkeley Animal Hospital's veterinarian(s) to examine, prescribe for, and treat the above described pet(s). I understand that I have a right to request an estimate for any services. I assume responsibility for all charges incurred in the care of the above pet(s). I understand that these charges will be paid at the time of discharge and that a deposit may be required for necessary treatment.

Signature: _____ Date: