

Client Information

Owner's Name: _____

Spouse/Other Name: _____

Email Address: _____

Email Address: _____

Employer Name: _____

Employer Name: _____

Drivers License #: _____

Birth Date: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

City/State/Zip: _____

Work Phone: _____

Sangaree Animal Hospital provides all clients with online Pet Portal account access. Through the Pet Portal you can access your pet's medical information, order product(s), and more. We must collect at least one e-mail address in order to provide access to the Pet Portal. We also periodically send informative e-newsletters using this information. Your contact information will never be sold to a third-party and is used exclusively by Sangaree Animal Hospital. If you have any questions regarding these policies, please feel free to ask a receptionist.

Emergency Contact

Contact Name: _____

Phone Number: _____

Pet Information

Pet's Name: _____

Pet's Name: _____

Dog Cat Birth Date: _____

Dog Cat Birth Date: _____

Male Female Spayed/Neutered? Yes No

Male Female Spayed/Neutered? Yes No

Breed: _____

Breed: _____

Color: _____

Color: _____

Microchipped? Yes No Number: _____

Microchipped? Yes No Number: _____

If we are examining more than 2 of your pets today, please use the back of this form to provide information on your other animals. Thank you!

Does your pet(s) have any special needs? If so, please list them: _____

When & where was your pet(s) last vaccinated? _____

Do you hereby grant Sangaree Animal Hospital permission to retain previous veterinary medical records for your pets? Yes No

If yes, from where? _____ Phone: _____

How Did You Find Us?

Drove by Phone Book SPCA Internet Pet Shop Groomer Breeder Friend/Relative Other

If you selected Friend/Relative, please provide their name so that we can reward them for the referral! _____

If you selected SPCA, Pet Shop, Groomer, Breeder or Other, please elaborate: _____

I hereby agree that all the above information is correct to the best of my knowledge and assume responsibility for the animal(s) listed.

Owner or responsible party signature: _____

Date: _____