



# WELCOME

FOOTHILL ANIMAL HOSPITAL - 29040 PORTOLA PKWY - LAKE FOREST CA 92630 - (949)380-1255

"Where your pets are treated like our own."

## OWNER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone Number(s) Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_ Driver's License: \_\_\_\_\_ License State: \_\_\_\_\_

Co-Owner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number(s) Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

Live Near By  Internet Search  Yelp  Coupon: \_\_\_\_\_

Client- Who may we thank? \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered? Y / N Microchipped? Y / N

Does this pet have Insurance? Y / N If yes, what company? \_\_\_\_\_

Pet Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered? Y / N Microchipped? Y / N

Does this pet have Insurance? Y / N If yes, what company? \_\_\_\_\_

## AUTHORIZATION

### PAYMENT IS DUE AT TIME OF SERVICE:

We accept Cash, Personal Check from established clients with verification of a current Driver's License, VISA, MasterCard, Discover, American Express, ATM/Debit, and Wells Fargo Health Advantage.

I understand and agree that in the event of default, to pay reasonable collection and/or attorney fees. I authorize FAH to photograph my pet for medical records and social media purposes.

X \_\_\_\_\_

*Signature of Owner*