



Date: \_\_\_\_\_

Office Use:  
Chart # \_\_\_\_\_

Initials: \_\_\_\_\_

**OWNER INFORMATION**

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**REFERRED BY**

How did you hear about us?  Sign / Location  Website  Internet  Yellow Pages  Coupon:

Client - Who may we thank?

**PET INFORMATION**

Pet Name: \_\_\_\_\_  Dog  Cat  Other:

Birthdate / Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Microchip # \_\_\_\_\_

Male  Neutered /  Female  Spayed Previous Veterinarian: \_\_\_\_\_

Pet Name: \_\_\_\_\_  Dog  Cat  Other:

Birthdate / Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Microchip # \_\_\_\_\_

Male  Neutered /  Female  Spayed Previous Veterinarian: \_\_\_\_\_

**AUTHORIZATION**

**PAYMENT IS DUE AT TIME OF SERVICE:**

We accept Cash, Personal Check with verification of a current Driver's License, VISA, MasterCard, Discover, American Express, ATM/Debit, and CareCredit®.

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  
(Please sign in person)

*Welcome to Foothill Animal Hospital, where your pets are treated like our own!*