



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!