

Welcome to The Pet Hospital of Tierrasanta!

New Client Information Form

Owner (s) Name: _____

Address: _____ City _____

Zip: _____ Email: _____

****Would you prefer getting email reminders, Yes or No****

Phone number (primary): _____ Cell Home or Work

Phone number (secondary): _____ Cell Home or Work

How did you hear about our hospital _____

Do you have any children under 5yrs in your home? Yes or No (For contagious disease information)

Driver's license # (If you write checks) _____

Are you ACTIVE military? Yes or No (We offer a 10% discount on services)

PLEASE SHOW ID CARD: expires _____

Please tell us a little about your pet (s)

1.) Name _____ Species: Cat Dog Other _____

Breed: _____ Date of Birth: _____

Sex: Male or Female Fixed: Yes or No Microchip# _____

Previous Vet Hospital: _____

2.) Name _____ Species: Cat Dog Other _____

Breed: _____ Date of Birth: _____

Sex: Male or Female Fixed: Yes or No Microchip# _____

Previous Vet Hospital: _____