



Saddleback Animal Hospital

1082 Bryan Ave, Tustin, CA 92780
PH:714-832-8686 Fax:714-832-6758

Client Information Sheet

Client Information

Last Name: _____ First Name: _____ Spouse/Co-Owner _____

Address: _____ City _____ Zip _____

Primary Phone# _____ Spouse/Co-Owner Phone# _____

Email _____ Work Phone # _____

How Did You Hear About Us? _____

Patient Information

Pet's Name: _____ Birth Date: _____ Age: _____ Sex: M F Neutered/Spayed

Breed: _____ Color: _____ Species: Dog Cat

Microchip#: _____ Pet Insurance Yes No Insurance Co.: _____

Where has you pet previously been treated? _____

Does your pet have any previous medical problems? No Yes When? _____

Any allergies, vaccine reactions, or drug reactions? No Yes When? _____

Where does your pet live: Indoor Only Both Indoor and Outdoor Outdoor Only

Other Pets in the household: _____

I hereby authorize Saddleback Animal Hospital's veterinarians to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s) and I understand that all professional fees are due at the time services are rendered. I understand and agree that in the event of default, to pay reasonable collection and/or attorney fees. I also authorize Saddleback Animal Hospital to photograph my pet for medical records and social media purposes.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharged invoice.

Signature of Owner/Agent _____ Date: _____