



SUNNYVALE
VETERINARY CLINIC



Client/Pet Information

Today's Date: _____

Owner's Name _____ Phone () _____
Last First

Co-Owner _____ Phone () _____
Last First

Address _____
Street City Zip

e-mail address _____ Driver's License # _____ exp. _____

Owner's date of birth – DD/MM/YY (required for dispensing controlled drugs) _____

DAYTIME PHONE NUMBERS ARE VERY IMPORTANT TO US!

Owner's Employer: _____ Phone () _____

Cell () _____

Co-Owner's Employer: _____ Phone () _____

Cell () _____

Name of Pet: _____ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: _____ Neutered / Spayed

Breed _____ Color _____

Microchip Number:

Indoor _____ Outdoor _____ Birth Date/Age _____

Vaccination History (provide dates if known)

Distemper _____ Rabies _____ Leukemia _____ Bordetella _____

How did you find us or whom may we thank for referring you? _____

Do you have other pets? _____ What kind? _____

**** PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED ****

We accept cash, checks, Visa, Mastercard, Discover, and CareCredit.

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of Sunnyvale Veterinary Clinic to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. I understand that unpaid balances over 30 days are subject to a monthly 1.5% finance charge.

Notice: Veterinary service during nighttime hours, some day time hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

Signature of owner/agent _____ Date _____