



New Client/Patient Information Form

Welcome to Rancho Santa Fe Veterinary Hospital!

Our staff is dedicated to the highest quality patient care and will do its utmost to make your pet's visit pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic.

Primary Owner: _____ Alternate Owner: _____

Date of Birth of Primary Owner (required for prescriptions that are controlled substances): _____

Billing/Mailing Address: (for office use only: reminders and requested mail will be sent to this address)

_____ City _____ State _____ Zip _____

Home Address: (if different from above, for house call appointments)

_____ City _____ State _____ Zip _____

Phone Numbers: 1) _____ (circle one): cell alt. owner cell home work
in order of preference 2) _____ (circle one): cell alt. owner cell home work
3) _____ (circle one): cell alt. owner cell home work

Email address(es): _____

(emails are for office use only. You may request records, invoices, etc. by email for your home files.)

How did you choose our practice? location social media (circle): Yelp | Facebook | Google rsfvets.com

Personal Recommendation from: _____ Other: _____

Pet Information	Pet #1	Pet #2	Pet #3
Name			
Breed			
Age / Date of Birth			
Color			
Sex			
Spayed / Neutered?	Yes / No	Yes / No	Yes / No

Previous illnesses or surgeries: _____

Allergies to vaccinations or medications: _____

Special diets or medications: _____

Do you have Pet Insurance? Yes / No Company: _____

Does your pet have a Microchip? Yes / No Microchip # _____ or Please Scan for Microchip

Will you permit us to use your pet's picture for hospital photo albums or social media? Yes / No