



Welcome to East Bay Animal Hospital!
Thank you for entrusting us with your pet's healthcare!

Client I/D _____

Owner Name _____ Co-Owner _____

Physical Address _____ Lot/Apt # _____

City _____ State _____ Zip Code _____

Mailing Address if different _____

E-Mail _____

Home Phone(s) _____ Cell Phone(s) _____

Preferred Method of Contact: Home Phone Cell Phone Text Email

Employer _____ Work Phone _____

Co-Owner/Other Employer _____ Work Phone _____

Family member(s) involved in pet's care _____

Please tell us about the pet with you today and ALL other pets in household (use back if necessary):

Name	Breed	Color	Birth date	M / F Neutered?

If there is anything we should know about your pet's history, please jot us a note on back of form.

How did you choose East Bay Animal Hospital? (Check all that apply)

- Referred by _____ Website Drove by, saw signs
- Previous Client White Pages Verizon Yellow Pages Other Yellow Book
- Phone Book Ad Listing under: Veterinarian Groomer Kennel
- Other (please explain) _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES TODAY

Estimates cheerfully provided upon request

For identification purposes, our receptionist will make a copy of your driver's license for your record.

Preferred Method of Payment: Cash Check Visa MasterCard AmEx CareCredit

Do you have pet insurance? Yes No If yes, which company? _____

Please feel free to contact us whenever you have concerns or questions regarding your pet.
Thank you for choosing East Bay Animal Hospital!