

# Welcome to Cupertino Animal Hospital

## New Client Registration Form

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Payment methods are: Visa, MasterCard, Discover, Debit, and Check.

Owner Name:	Name of Additional Owner:
Address	
City, State, ZIP	
Primary Phone:	Secondary Phone:
E-Mail Address:	
We send all reminders and specials/savings via email only.	

How did you find out about our practice? (Check any that apply. If you were referred to us by a current client, please tell us who so we can thank them!

Referred by:

Location/Sign  Google/Internet Search  Facebook  Internet Review Site (Yelp, Angie's List)  Other \_\_\_\_\_

<b>Pet's Name:</b>	Species (Dog, cat, rabbit, etc)	
Breed:	Color/Special Markings:	
Date of Birth or Approximate Age:	Sex: M / F	Is your pet spayed/neutered: Y / N / Unsure
Previous Veterinarian, if any:		
Current Medications (including supplements, heartworm preventatives, flea/tick preventatives):		
Describe your pets diet:		
Describe any known allergies:		
Describe any known medical issues:		

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Describe any known allergies:		
Describe any known medical issues:		

**PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website and other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

**Yes, I authorize CAH to share my pet's photo and story.**       No, I do not authorize this.

**TREATMENT CONSENT:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at the time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment. The CAH staff is happy to provide estimates.

Signature of Owner/Agent:	Date:
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