



**Laguna Beach
Animal Hospital**
"Comprehensive care with a loving touch"

**WELCOME TO
OUR HOSPITAL!**

Patient Registration

PLEASE PRINT CLEARLY

Date: _____

Owners Name: _____ Phone: () _____ Best Contact: () _____

Address: _____ City: _____ Zip: _____ Occupation: _____

Workplace: _____ Zip: _____ Phone: () _____

E-mail Address: _____ Drivers License #: _____ State: _____ Expiration Date: _____

Spouse or other Responsible Party: _____ Phone: () _____ Cell Phone: () _____

Address: _____ City: _____ Zip: _____ Occupation: _____

Workplace: _____ Zip: _____ Phone: () _____

Drivers License #: _____ State: _____ Expiration Date: _____

Who may we thank for referring you?

- Friend _____ Telephone Book Saw Sign Advertisement

I UNDERSTAND THAT FEES ARE TO BE PAID IN FULL AT THE TIME SERVICES ARE RENDERED.

Signature _____

I prefer to pay by: Cash Check Visa/MasterCard

Would you like us to keep a credit card on file? Type: _____ CC# _____ Exp. _____ V-Code: _____

MEDICAL HISTORY

Pet Name: _____
Dog/Cat/Other Color: _____
Breed: _____
Pet's Date of Birth: _____
Sex: M F Neutered/Spayed: Y N
Diet: _____
Treats: _____
Current Medication: _____
Date of Last Vaccination: _____
Cat FVRCP: _____
LEUK: _____
RABIES: _____
DOG DHPP: _____
BORDETELLA: _____
RABIES: _____

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RABIES: _____

CLIENT I.D. NUMBER: _____