

222 N Coast Highway 101 Encinitas, CA 92024 (760) 942-1220

Client Information:	
First Name:	Last Name:
Address:	
City:	State: Zip:
Phone Number:	Work Number:
Cell Number:	Owner's Date of Birth:
How did you hear about us?	
Email:	
Pets Information:	
Name:	Gender:
Birthday: Age: _	Breed:
Color:	Spayed/Neutered? Microchipped?
Where can we call for previous medical history?	
Does your pet have any known food allergies? If yes, what foods?	
Is your pet on any flea/tick or heartworm preventatives? If yes, what one(s)?	
Do you have Pet Insurance? If yes, with whom?	
Is your pet comfortable being around other animals while visiting the veterinary hospital?	
Does your pet have anxiety when it comes to veterinary visits?	
In the past have you tried anything to relieve stress when it comes to veterinary visits?	
If yes, what have you tried?	

Is it okay for us to post photos of your pet during their visit here today on our social media? \_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_