

Peñasquitos Pet Clinic

9728 Carmel Mtn. Road

San Diego, CA 92129

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858-360-7794

<http://www.pqpetclinic.com>

Patient and Client Information Sheet



Thank you for giving Peñasquitos Pet Clinic the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

	Salutation	First Name	Initial	Last Name	Drivers License #
Owner 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Home Phone	Cell Phone	Work Phone	E-mail Address
Owner 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home:

Address

Apt/Unit

City State Zip Code

	Owner 1 Employment	Owner 2 Employment
Employer	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City	<input type="text"/> State <input type="text"/> Zip <input type="text"/>	<input type="text"/> State <input type="text"/> Zip <input type="text"/>

How did you become aware of our hospital?

Yellow Pages Hospital Sign Web Search Mailer Other

Personal recommendation - Who may we thank?

Pet Information (Please fill in the following for each pet)

Pet	Name	Species	Breed	Color	Date of Birth	Sex	Spayed or Neutered?
1							
2							
3							
4							
5							
6							

If you have your pet's vaccination history available, please bring it in with you on your first visit.

In this office, as in a human medical facility, **Client/Patient Confidentiality** is a prime concern. Please indicate below with whom our office can or cannot leave a message.

Please indicate Yes or No as appropriate:

- Spouse Yes No
- Parent Yes No
- Children Yes No
- Pet Sitter Yes No
- Answering Machine Yes No
- Home Yes No
- Work Yes No

- Are you able to receive calls at your workplace? Yes No

In order to insure client/patient confidentiality, should a family member, friend or relative contact our office, we are not at liberty to discuss your pet's condition unless we have permission from you, the owner. The only exception to this is if Animal Control, Department of Health, police or local animal shelter requests records for public health reasons.

- Spouse Yes No
- Parent Yes No
- Children Yes No
- Other Veterinary Hospitals (if records are requested) Yes No
- Groomer Yes No
- Boarding Facility Yes No
- Breeder/Rescue Yes No
- Organization Yes No
- Other (Please indicate)

If you have any questions regarding our confidentiality policy, please feel free to talk to our staff or doctors.

Owner's Signature _____ **Date** _____

(By signing above, I attest that I am the legal owner of this pet and that I am over 18 years of age)