

# *Redlands Pet Clinic*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Times To Contact: \_\_\_\_\_

**Best Way to Contact (circle) CALL TEXT EMAIL?**

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Referred By: \_\_\_\_\_ SSN # \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Phone: \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Pets Name: _____ Canine or Feline	Pets Name: _____ Canine or Feline
Breed: _____ Color: _____	Breed: _____ Color: _____
Male or Female _____ Spay or Neuter _____	Male or Female _____ Spay or Neuter _____
Birthdate/Age: _____	Birthdate/Age: _____
Date of Last Vaccination or Booster	Date of Last Vaccination or Booster
Rabies: _____ DHPP: _____ Lepto: _____ Bord: _____	Rabies: _____ DHPP: _____ Lepto: _____ Bord: _____
Feline Leukemia: _____ FVRCV: _____	Feline Leukemia: _____ FVRCV: _____
Pets Name: _____ Canine or Feline	Pets Name: _____ Canine or Feline
Breed: _____ Color: _____	Breed: _____ Color: _____
Male or Female _____ Spay or Neuter _____	Male or Female _____ Spay or Neuter _____
Birthdate /Age: _____	Birthdate/ Age: _____
Date of Last Vaccination or Booster	Date of Last Vaccination or Booster
Rabies: _____ DHPP: _____ Lepto: _____ Bord: _____	Rabies: _____ DHPP: _____ Lepto: _____ Bord: _____
Feline Leukemia: _____ FVRCV: _____	Feline Leukemia: _____ FVRCV: _____

**We Request 24 Hours' notice for an Appointment Cancellation. A Missed Appointment with NO Call Will Result In A Fee of \$25 Being Charged to You, After the 2<sup>ND</sup> Missed Appointment, we will NO Longer Be able to Treat your PET(s).**

By Signing this you are agreeing to our terms and Giving Redlands Pet Clinic Permission to Obtain your Pets medical history from Previous Veterinarian upon Request.

Previous Veterinarian/Clinic Name & Phone: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_