



Patient Registration Form

Owners Name: _____ Home Cell: _____

Owner's Date of Birth: ___/___/___ Email Address: _____

Address: _____ City: _____ State: ___ Zip: _____

Can we post pictures and/or videos of your pets on our social media? Yes No

How did you hear about us? _____

How may we contact you? Phone Text Email

1st Pet

2nd Pet

3rd Pet

Your Pet's Name			
Breed and Color			
Age/DOB			
Sex Spayed/Neutered	M or F Y or N	M or F Y or N	M or F Y or N

What is your pets' present concern today?

To provide a relaxed and personalized atmosphere with caring doctors and staff who maintain the highest standards of medicine. If, at any time during your relationship with our hospital you feel there is something that needs to be brought to our attention, in order for us to serve pets and their people more efficiently, please let us know.

RECORD RELEASE CONSENT: Please initial here to authorize the release of your pet's medical records for insurance, referrals, or to other hospitals in case of emergency. **X**_____

OWNER RELEASE: My signature below acknowledges I am the legal owner of the above pet(s). I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on this sheet. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise completed. I understand that veterinary service is not provided during the night time hours. Thank you for Choosing Otay Pet Vets!

Signature **X**_____ Date _____