



New Patient Form

Owners Name: _____ Home or Cell: _____

Co-Owner's Name: _____ Home or Cell: _____

Best number to TEXT pictures or information concerning your pet: _____

Address: _____ City: _____

State: _____ Zip: _____

E-Mail Address for your pet vaccination reminders and e-pet health on line portal:

Can we post pictures of you/pet's on **Facebook, Instagram, and website?** Yes or No

How did you become aware of our clinic? | Pet Park | Yahoo/Google | Web Site | Get1Free | Community guide | Tuesday Market | *Personal Recommendation (Whom may we thank?)* _____

First Pet

Second Pet

Third Pet

	<u>First Pet</u>	<u>Second Pet</u>	<u>Third Pet</u>
Your pets name			
Breed/color			
Age/Birthday			
Sex/			
Spay/Neut.			
Nick Name			

Our technicians and doctors will go over your pet's history and vaccinations in the exam room.

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. OWNER RELEASE: I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed this sheet I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated I understand that veterinary service is not provided during night time hours. Thank you for choosing Otay Pet Vets! Large to Small, We Love them All!

All Medical services and fees are due at the time services are rendered, Thank you! Ask us about our Pet Care Rewards program

SIGNATURE _____ DATE _____

Let us know how we did by giving us a review on our website, thank you!