



Please fill out all lines

Owner Name: _____ Co-Owner Name: _____
Address: _____ City: _____ Zip: _____
Cell Phone: (____) _____ OK to text?: ☐ Yes ☐ No
Home Phone: (____) _____ Alternate Phone: (____) _____
Email Address: _____ Work Phone: (____) _____
How did you hear about us: Google Website Yelp Facebook Instagram
(please circle one) Yellow Pages Drove By Personal Referral Rescue Referral
Other : _____ Whom can we thank: _____

Pet #1 Name: _____ (please circle one) (please circle one) (please circle if applicable) Dog Cat Male Female Neutered Spayed Breed: _____ Color: _____ Birthday/Age: _____ Microchip?: <input type="checkbox"/> Yes <input type="checkbox"/> No #: _____ How long has this pet been part of your family? _____ days / weeks / months / years	Pet #2 Name: _____ (please circle one) (please circle one) (please circle if applicable) Dog Cat Male Female Neutered Spayed Breed: _____ Color: _____ Birthday/Age: _____ Microchip?: <input type="checkbox"/> Yes <input type="checkbox"/> No #: _____ How long has this pet been part of your family? _____ days / weeks / months / years
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Are your pets covered by Pet Insurance? ☐ Yes ☐ No Do you have other pets? ☐ Yes ☐ No
If yes, Please fill out on the back of this sheet.
How many hours is your pet outside?: _____ hours What does your pet eat?: _____
Is your pet on any medications?: ☐ Yes ☐ No
If yes, what? _____
Is your pet on Flea Control?: ☐ Yes ☐ No Is your pet on Heartworm Control?: ☐ Yes ☐ No
Previous Vet: _____ Phone #: (____) _____

Please return this and a copy of your pet's vaccination records to the receptionist.

Photo Release

I grant El Toro Animal Hospital, its representatives and employees the right to take photographs of my pet, and to use and publish the same in print or electronically. ☐ Yes, you can take photos ☐ No, please do not take photos

I verify that I am the Owner (or Authorized Agent for the owner) of the pet(s) listed above, I am over 18 years of age, and I authorize the recommended procedures/treatments to be performed on my pet. I authorize the use of medication as deemed necessary by the Veterinarian.

I agree to be responsible for any charges incurred while my pet is in the care of El Toro Animal Hospital and understand that professional fees are to be paid at the time of service. For your convenience, we accept **Cash, Debit, Mastercard, Visa, American Express, Discover and Care Credit.**

Signature: _____ Date: _____

Do you have any behavior concerns? (Select any that apply)

Barking Biting Shedding Housbreaking Marking
Straying from Home Itching Mouth Odor Body Odor Problems with Children