

# Peninsula SPCA New Client/Patient Form

Thank you for trusting Peninsula SPCA to care for your pet. So that we may become better acquainted, please complete the following:

## Client Information:

Owner 1: \_\_\_\_\_  
Last First Middle Initial

Driver's License: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Owner 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street City State Zip

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Owner 2 Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Communication: Email / Mail / Phone / SMS

Permission to use pictures, history, or medical information about your patients in the media?  
i.e. Print materials, our website, or our facebook \_\_\_\_\_ Yes \_\_\_\_\_ No

Previous Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

## Patient Information:

Pet #1 (check one): \_\_\_\_\_ Cat \_\_\_\_\_ Dog

Pet #2 (check one): \_\_\_\_\_ Cat \_\_\_\_\_ Dog

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Sex: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Microchipped: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Microchipped: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

**Payment Policy:** FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES. Alternative payment plans must be discussed prior to the start of treatment. Deposits are required on major/surgical cases, trauma cases, and emergency work where hospitalization is required. There is a fee for all refunded checks. Outstanding balances upon accounts may result in account information being sent to a collections agency.

\_\_\_\_\_  
Signature of Owner or Agent:

\_\_\_\_\_  
Date