

Affordable Pet Hospital
 8150 Hageman, Bakersfield, CA 93312
 (661)829-5904

Welcome to Affordable Pet Hospital! Please provide "ALL" of the following information for our records. Thank you for helping our customer service representative by printing neatly! If you need assistance filling out the form feel free to ask!

Family Information

Owner's Name:	Co-Owner (Partner/Spouse):
Street Address:	City/Zip:
Home Phone (Owner):	Cell Phone (Spouse/Partner):
Work Phone (Owner):	Can you receive "Text Messages"? Y / N
Cell Phone (Owner):	Place of Employment:
How did you learn about us?	Preferred Contact Method (Circle One Please): Cell Email Home
Email Address: <i>For sending vaccine reminders only!</i>	Date of Birth: <i>Your date of birth is required by law for controlled drug prescriptions.</i>
Social Security Number: <i>Your SS# is required by law for controlled drug prescriptions</i>	Drivers License Number: Exp. State

Pet Information

Pet's Name(s)	Dog/Cat	Breed	Gender M/F	Color	Age	Spayed or Neutered (Y/N)

Medical History

Pet's Name:	Pet's Name:
Current Food: Amount:	Current Food: Amount:
Flea Control: Last Applied:	Flea Control: Last Applied:
Any Allergies? (If yes please list)	Any drug Allergies?
Current Medication(s);	Current Medication(s);
Temperament:	Temperament:
Last vaccination Date/Year Parvovirus Vaccination: Bordetella Vaccination: Rabies Vaccination:	Last vaccination Date/Year; Parvovirus Vaccination: Bordetella Vaccination: Rabies Vaccination:

Statement of ownership and consent: I am the owner and/or agent of the above animal(s) and I am 18 years or older. I have the authorization to consent to treatment if and when it is needed. I understand that Affordable Pet Hospital is affordable but not free, **payment in full is due** when services are rendered. Dr. Hamilton will assist you in developing a treatment plan that fits your budget! If my pet is hospitalized a deposit will be required and the balance due upon release. I am responsible for ALL CHARGES INCURRED.

Owner/Authorized Agent Signature (required): _____ **Date:** _____