



Please print, complete, and bring with you on your first visit.
You may also email it to: Hello@BonitaVetHospital.com

CLIENT INFORMATION – PLEASE PRINT CLEARLY

Owner(s) Name:

Address:

City/State/Zip/County:

Mobile:

Home:

Work:

Email:

PATIENT INFORMATION – PLEASE CIRCLE/ANSWER WHERE APPROPRIATE

PET #1

PET #2

Name:

Name:

Breed:

Breed:

Color:

Color:

D.O.B/Age:

D.O.B/Age:

Male: Neutered

Female: Spayed

Male: Neutered

Female: Spayed

If your pet is a cat, is it: strictly outdoors | mainly indoors | both

Is your pet(s) microchipped: Yes | No If YES, please provide number:

List any chronic illness, medication, allergies or other pertinent information:

I hereby authorize Bonita Veterinary Hospital to examine, prescribe medication for, and treat the pet(s) listed above. I will assume responsibility for all charges for the care of my pet(s). I understand all fees are due when services are rendered. I also understand a deposit may be required at time of admission

Owner/Client Signature: _____

Date: _____

**We gladly accept the follow forms of payment:
Cash, Local Check, Visa, Master Card, Discover, Care Credit
Payment is due when services are rendered.**