



PINNACLE ANIMAL HOSPITAL

Client Information

*Owner First & Last Name: _____

*Primary Cell Phone # _____ Home Phone # _____

*Address: _____

City & Zip Code: _____

*Email: _____

*Co-Owner Name: _____ *Co-Owner Phone # _____

***Required by the DEA, In order to prescribe controlled prescriptions, please provide:**

*Your Date of Birth: _____ *Drivers License# _____

Pet Information

<p>#1-Patient Name: _____</p> <p>-Coloring: _____</p> <p>-Breed: _____ -Age or D.O.B: _____</p> <p>-Gender: <input type="checkbox"/> Male <input type="checkbox"/> Neutered / <input type="checkbox"/> Female <input type="checkbox"/> Spayed</p> <p>-Allergies? Vx Reactions?: _____</p> <p>-Anything else our Veterinary team should know to care for your pet? Temperament?: _____</p> <p>-Previous Name of Vet Clinic Or Hospital _____</p> <p>No Previous Records: <input type="checkbox"/></p> <p>Was your pet a patient here at ABC animal hospital when Dr. Bhandaal owned the clinic? If so please check yes so we can look for a copy of the paper records <input type="checkbox"/></p>	<p>#2-Patient Name: _____</p> <p>-Coloring: _____</p> <p>-Breed: _____ -Age or D.O.B: _____</p> <p>-Gender: <input type="checkbox"/> Male <input type="checkbox"/> Neutered / <input type="checkbox"/> Female <input type="checkbox"/> Spayed</p> <p>-Allergies? Vx Reactions?: _____</p> <p>-Anything else our Veterinary team should know to care for your pet? Temperament?: _____</p> <p>-Previous Name of Vet Clinic Or Hospital: _____</p> <p>No Previous Records: <input type="checkbox"/></p> <p>Was your pet a patient here at ABC animal hospital when Dr. Bhandaal owned the clinic? If so please check yes so we can look for a copy of the paper records <input type="checkbox"/></p>
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***Please Read! Rabies Protocol:** To help prevent the spread of infectious diseases, ALL hospitalized patients must be current on all recommended vaccinations. California law requires that all dogs and cats be current on rabies vaccination and veterinarians are advised to decline care if this is refused by the owner.

***Record Sharing:** If requested, do you give permission for ABC Animal Hospital to share records with other veterinary practices or to your Pet Insurances ?

***Please select one:** Yes, I give permission. Get in contact with me first.

***Social Media Release:** Do you authorize Pinnacle Animal Hospital to use images and/or videos of your pet to share to our social media pages?

***Please select one:** Yes, I give permission. No, I do not give permission

***Terms of Service**

I understand the above information. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. An estimate will be provided with the doctor's recommended services upon examination. Prior to an estimate, I give permission to perform and agree to pay for the examination, at a fee of \$55 for a regular scheduled exam, \$120 for an emergency/walk in exam. I understand that all vaccines must be given with a doctor present and will therefore have an associated exam fee. I understand that payment is due at the time of agreement to pay for approved services upon approval of an estimate.

Signature: _____ **Date:** _____