



158 San Lazaro Ave, Sunnyvale, CA 94086 (408) 739-2688

Thank you for giving Pet's Friend Animal Clinic the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Owner: _____ Partner/Spouse: _____
Last First Initial Last First

Address: _____
Number City State Zip

Primary Phone: _____ (___cell ___home ___business)

Add'l Phone: _____ (___cell ___home ___business)

Add'l Phone: _____ (___cell ___home ___business)

E-mail: _____

Would you like to receive wellness and appointment reminders via email? ___Yes ___ No

Place of Employment: _____ / _____ / _____
Employer Title Phone #

Partner's Place of Employment: _____ / _____ / _____
Employer Title Phone #

If necessary, may we call you at work? ___ Yes ___ No

How did you become aware of our hospital?

- Internet Search(Google/Bing/other) Yelp Website Yellow Pages Hospital Sign
 Direct Mailing Employer Benefit Other: _____
 Personal recommendation (whom may we thank?): _____

Driver's Lic. # (if paying by check): _____ D.O.B. (required for certain prescriptions): _____

All fees are due upon release of patient.

Signature of owner / co-owner: _____ Date: _____

Signature of other than owner: _____

Relationship to owner: _____ Contact phone: _____

State law require us to inform you that pets 14 days overdue to be picked up are considered abandoned and will be handled according to law.

Pet Information (please fill in the following for each pet.)

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species			
Breed			
Description (Color)			
Age or Date of Birth			
Sex			
Altered or Spayed			
	Please Write Down the dates the vaccines/tests were given		
Bordetella (Kennel Cough –Dogs)			
Distemper - Dogs (DAPP or DHPP)			
Parvovirus (Dogs)			
Leptosprosis			
Lyme (Dogs)			
Rabies (Dogs/Cats)			
Heartworm Test (Dogs)			
Heartworm Prevention? (Dogs)			
FVRCP (Cats)			
Feline Leukemia Vaccine			
Feline Leukemia/ FIV Test			
Fecal Test (Stool Exam for Worms)			
Dentistry (Date Work was Done)			
Other Vaccines – Please List			

How old was your pet when you acquired it? _____

Any significant prior illness or surgery we should know about? _____

Are any of the following a concern to you in your pet's behavior?

- Excessive barking Biting Shedding Straying from home Potty Training Smell
- Problem around children Excessive Itching / Scratching Wetting / spraying in house
- Overly rambunctious / overly enthusiastic

Would you be interested in learning how to improve your pet's manners Yes No

Is your pet currently on a special diet or medication? _____

What health care or grooming products are you currently using? _____

List any known drug allergies:

Thank you for giving us the opportunity to serve you!

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