



SAN ROQUE PET HOSPITAL

Exceptional, Compassionate Care

3034 State Street, by De La Vina
Santa Barbara, CA 93105

NEW CLIENT INFORMATION

Thank you for the opportunity to care for your pet(s). Please complete the following information so that we may better serve you.

RESPONSIBLE PARTY INFORMATION:

Name: _____ Spouse's name: _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Mobile Phone _____ Wk. Phone _____

Place of Employment: _____ Spouse's Mobile _____ and Wk. Ph _____

Which of the following prompted you to bring your animal(s) to San Roque Pet Hospital?

Existing Client Drove by/Sign Yellow Pages Referral-Whom may we thank? _____

I acknowledge that I am the owner or acting upon direct request of the owner(s) of the pet(s) brought into this facility. Furthermore, I accept all financial responsibility for any and all care rendered while at this facility and understand that payment is due in full at the time that services are rendered.

Signature (required): _____ Please print name: _____ Date: _____

PATIENT INFORMATION:

PET # 1		PET # 2	
Name _____	Sex : <input type="checkbox"/> M <input type="checkbox"/> F	Name _____	Sex : <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____		<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	
Breed: _____	Color: _____	Breed: _____	Color: _____
Birth date: ___ - ___ - ___ Spayed/Neutered: <input type="checkbox"/> Y <input type="checkbox"/> N		Birth date: ___ - ___ - ___ Spayed/Neutered: <input type="checkbox"/> Y <input type="checkbox"/> N	
Previous Illnesses/surgeries _____		Previous Illnesses/ surgeries _____	
Allergies to vaccines or medications: _____		Allergies to vaccines or medications: _____	
Name of diet pet is being fed: _____		Name of diet pet is being fed: _____	
Any aggressive tendencies: <input type="checkbox"/> Y <input type="checkbox"/> N		Any aggressive tendencies: <input type="checkbox"/> Y <input type="checkbox"/> N	
VACCINATION HISTORY-DOG		VACCINATION HISTORY-CAT	
	Pet # 1	Pet # 2	
Rabies	_____	_____	Rabies
DHPP	_____	_____	FVRCP
Kennel Cough	_____	_____	FELV
DP Titer Test	_____	_____	Fecal Test
Fecal Test	_____	_____	Heartworm Test
Heartworm Test	_____	_____	Date Given
Date Given:	_____	_____	
Previous veterinary facility: _____			Previous veterinary facility: _____

At San Roque Pet Hospital, we provide a full service environment including; surgery, on site pharmacy, dentistry, Urgent Care, and Boarding. We are happy to answer any questions you may have and strive to provide quality care and service to our clients and patients. Thank you for allowing us to serve you.

(805) 682-2647 phone

(805) 569-4087 fax

www.sanroquepethospital.com