



# La Jolla Veterinary Hospital

## New Patient Information

Date \_\_\_\_\_ Owner's Name \_\_\_\_\_

Owner's Date of Birth (For purposes of dispensing medication as required by law for certain prescriptions) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Email

\_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Co-Owner's Name

\_\_\_\_\_

Co-Owner Phone (\_\_\_\_) \_\_\_\_\_

How did you hear about us?

Google

Blue Book

Previous/existing client

Live in neighborhood

Yelp

Newcomers

Website

La Jolla Light

Other  Please specify:

\_\_\_\_\_  
Referred by: (Whom may we thank for referring you?)

\_\_\_\_\_

Animal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Species:  Canine  Feline    Environment:  Indoor  Outdoor  Both  
Breed: \_\_\_\_\_

Color/Description: \_\_\_\_\_

Long Hair     Short Hair

Sex: Male     Female     Is your pet neutered? Yes     No

When and where did a veterinarian last see your pet and what was the purpose of visit?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet had any serious illnesses or injuries?

\_\_\_\_\_

Does this animal have any known drug sensitivities?

\_\_\_\_\_  
\_\_\_\_\_

Please list any other pertinent information concerning your pet's health history

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other pets in your household (Type and age of animal).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that we do not do allow any billing unless specific arrangements have been made in advance. In those cases, a monthly billing fee and interest charge will be added to the balance due.

\*Balance is due at the time services are rendered.

Owner Signature

\_\_\_\_\_

***THANK YOU FOR CHOOSING LA JOLLA VETERINARY HOSPITAL!***