Client ID:_____

Owner's Name	**First Name**	**Last Name**	**Co-Owner**	
Address	**Street Address**	**City**	**State**	**Zip-Code**
Phone	**Primary** ☐ **Home** ☐ **Cell** ( )		**Co-Owner** ☐ **Home** ☐ **Cell** ( )	
Email:	**Owner's Email**			

*Owner Driver License #		*Co-Owner Driver License #	
Date of Birth:		Date of Birth:	

* We only need Driver License Numbers if you plan on writing a check at our facility. Checks are only accepted after 3 visits.

Pets Name:_____ ☐ **Canine** ☐ **Feline** ☐ **Male** ☐ **Neutered** ☐**Female** ☐**Spayed**

Breed: **Color:** **Date of Birth:**

Pets Name:_____ ☐ **Canine** ☐ **Feline** ☐ **Male** ☐ **Neutered** ☐**Female** ☐**Spayed**

Breed: **Color:** **Date of Birth:**

Who can we thank for your business?

☐ Yellow Pages ☐ Hospital Sign ☐ Coupon ☐ Facebook ☐ Twitter
☐ Website ☐ Other Veterinarian ☐ Client (Name) _____

I agree that photos of my pet may be taken and used for documentation, marketing, website, or other purposes. ☐ Yes ☐ No

**Please indicate if you are eligible for one of the following discounts as they are not able to be applied retroactively.
Are you eligible for a Senior Discount (age 65 and older) ☐ Yes ☐ No Are you active military? ☐ Yes ☐ No

I hereby authorize Rocklin Ranch Veterinary Hospital to examine, prescribe for, treat, or perform surgery upon the above described pet(s). I also consent to the administration of such anesthetics as are necessary. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or when service is otherwise terminated. I authorize the sharing of veterinary medical information between veterinarians or facilities for the purpose of diagnostics or treatment of my pet who is the subject of the medical records. I further understand that veterinary service may not be provided during the night time hours.

_____ _____

Signature of Owner **Date**