



7740 Clairemont Mesa Boulevard
San Diego Ca 92111

Office: 858-459-1516 Text: 760-294-3142 Fax: 858-569-0782

Website: LindseyVetCare.com

NAME: (LAST) (FIRST) (M)			ARE YOU OVER 21 YES <input type="checkbox"/>
			YEARS OF AGE? NO <input type="checkbox"/>
CO-OWNER'S NAME: (LAST) (FIRST) (M) (Relationship)			IS HE/SHE OVER 21 YES <input type="checkbox"/>
			YEARS OF AGE? NO <input type="checkbox"/>
ADDRESS: (STREET) (CITY) (STATE) (ZIP CODE)			
PRIMARY PHONE:	SECONDARY PHONE:	CO-OWNER'S PHONE:	
TYPE: <input type="checkbox"/> CELL <input type="checkbox"/> LAND LINE <input type="checkbox"/> WORK <input type="checkbox"/> OTHER	TYPE: <input type="checkbox"/> CELL <input type="checkbox"/> LAND LINE <input type="checkbox"/> WORK <input type="checkbox"/> OTHER	TYPE: <input type="checkbox"/> CELL <input type="checkbox"/> LAND LINE <input type="checkbox"/> WORK <input type="checkbox"/> OTHER	
EMAIL ADDRESS:			
CO OWNER'S EMAIL ADDRESS:			
ADDITIONAL EMAIL OR PHONE NUMBERS:			
TYPE: <input type="checkbox"/> CELL <input type="checkbox"/> LAND LINE <input type="checkbox"/> WORK <input type="checkbox"/> OTHER <input type="checkbox"/> EMAIL NAME:			
ALTERNATE CONTACT (LAST, FIRST) (RELATIONSHIP)			PHONE:
IN CASE OF EMERGENCY:			<input type="checkbox"/> CELL <input type="checkbox"/> LAND LINE <input type="checkbox"/> WORK <input type="checkbox"/> OTHER
REFERRED BY:			
Friend/Neighbor <input type="checkbox"/> _____ Internet <input type="checkbox"/> _____ Other <input type="checkbox"/> _____			
Best Method Of Contact: <input type="checkbox"/> CELL <input type="checkbox"/> LAND LINE <input type="checkbox"/> WORK <input type="checkbox"/> TEXT <input type="checkbox"/> EMAIL			
<p>Due to new laws and regulations: All controlled substances being sent home with Clients are required to be registered with the Department of Justice (DOJ). This process requires your birthday. If you do not wish to provide your birthday today, we will request it in the event a controlled substance is sent home on behalf of your pet.</p> <p>Birth date: _____ Full Name: _____</p>			
<p>Pet Health Insurance: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No :</p> <p>Insurance Provider: _____ Policy #: _____</p>			
Please list the names of all pets here			
DOG <input type="checkbox"/>	DOG <input type="checkbox"/>	DOG <input type="checkbox"/>	
CAT <input type="checkbox"/>	CAT <input type="checkbox"/>	CAT <input type="checkbox"/>	
DOG <input type="checkbox"/>	DOG <input type="checkbox"/>	DOG <input type="checkbox"/>	
CAT <input type="checkbox"/>	CAT <input type="checkbox"/>	CAT <input type="checkbox"/>	
FINANCIAL POLICY			
Professional fees are due at the time services are rendered.			
LVC accepts the following methods of payment: Cash, Checks (Made payable to Lindsey Vet Care), Debit, Visa, Discover, MasterCard, American Express and CARE Credit (Terms apply : please discuss with the office manager)			
Signature of owner or person presenting animal: _____			



Client Last Name: _____ Chart #: _____

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Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to

Dog Cat

Pet's Name _____ Breed _____

Color _____ Sex _____ Spayed/Neutered: _____ YES / NO

Birth Date (Mo/Dy/Yr) _____ OR Approximate Age: _____

Does your Pet have a MicroChip? YES / NO # if Known _____

Medical History

Please list below any surgical procedures, medical conditions, allergies or drug sensitivities that you are aware of

Date	Surgical Procedures, Medical Conditions, Allergies or Drug Sensitivities

Medications

Please list below any medications (including any preventative medications) that your pet is on or has been on in the past

Date last given	[]Prior []Current	Medication	Strength	Dosage/Instructions
	[]Prior []Current			
	[]Prior []Current			
	[]Prior []Current			

Previous Veterinarian Information

If needed we can contact your previous Vet office for your pets records. If you would rather we not contact your previous office, please call and request the records for yourself. If you wish you can forward them to LindseyVetCare@gmail.com

Office Name	Phone	Date of Last visit

What brings you in today?

Behavioral Concerns	<input type="checkbox"/> Sensitive body locations: _____ <input type="checkbox"/> Aggressive <input type="checkbox"/> Timid <input type="checkbox"/> Muzzle
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