



ANIMAL CARE CLINIC

Dr. Michael Evans
 Dr. Karen Harding
 Dr. Nadia Rifat
 Dr. Erica Anderson
 Dr. Anne Hitchcock
 Dr. Heather Kriensky
 Dr. Ruth Dunning

3340 K San Pablo Dam Road
 San Pablo, Ca 94803
 Ph (510) 222-9966 Fax (510) 222-7848
www.myanimalcare.com

For Staff Use Only
 Client ID: _____
 Initials: _____

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information that will be necessary as we support your pet's needs today and in the future. **WE ARE REQUIRED BY LAW TO REPORT ALL CONTROLLED SUBSTANCES THAT ARE DISPENSED, ALONG WITH THE NAME AND DATE OF BIRTH OF THE OWNER OF THE PET. PLEASE PRINT IN ALL SPACES.**

Date _____ Time _____ am/pm Reason for visiting us today _____

Owner's Name _____ Spouse/Other _____
(Must be 18 or Older)

Address _____

City _____ State _____ Zip _____ Your Date of Birth _____

Primary Phone # _____ Is this a cell phone () Yes () No Secondary Phone # _____

Driver's License # _____ Social Security # _____

Employer _____ Work Phone # _____

Email Address _____

Emergency Contact Name _____ Emergency Contact Number _____

If you were referred to us for emergency, who is your pet's regular veterinarian? _____

Hospital Name _____ Approximate Date of Last Visit _____

We will gladly prepare a written estimate if you desire (please ask out doctor OR receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** *In case of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa Discover and American Express.* There will be a \$35.00 service charge for any check returned unpaid. For those experiencing a financial hardship, please inquire about Care Credit, a payment plan that you can apply for in clinic or online at www.carecredit.com as we do not accept partial payments. **For emergencies a \$200 deposit is due at time of check in. For emergencies and all other cases, a deposit of the low end of your estimate will be required prior to you leaving today. Thank you for your understanding.**

Signature of Responsible Agent for Pet(s) _____ **Date** _____

How/Why Did you select us? _____

Essential Pet Information						
SPECIES	Pet's Name	Approx Date of Birth	Sex	Spayed/Neutered	Breed	Color/Markings
Cat/Dog/Other			M F	YES NO		
			M F	YES NO		
			M F	YES NO		