



CLIENT & PATIENT INFORMATION SHEET

14155 Midland Road
Poway, CA. 92064
858-748-4412
Fax 858-748-0912

Thank you for giving us the opportunity to care for your pet(s).

Please Print Legibly

OWNER #1: _____ ()
 Home Phone #
 Last First _____ ()
 Cell Phone #

OWNER #2: _____ ()
 Cell Phone #
 Last First _____

ADDRESS: _____
 Number & Street City Zip

EMAIL ADDRESS: _____

CHILDREN (OPTIONAL): _____

EMPLOYMENT INFORMATION:

Owner #1 Employer Job Title _____ ()
 Work Phone #

Owner #2 Employer Job Title _____ ()
 Work Phone #

HOW DID YOU BECOME AWARE OF US?

- Facebook Page
- Sign / Building
- Yellow Pages
- Personal Recommendation: _____
- Internet Search
- Website (www.midlandanimal.com)

Whom may we thank? _____

CONTACT PERSON IN CASE OF EMERGENCY:

_____ Name
 () Relationship to Owner
 Phone Number

PHOTO RELEASE

Midland Animal Clinic (MAC) maintains an Internet (website, Facebook, Google+, etc.) and public relations (flyers, mailings, etc) presence for marketing and client education purposes. Part of this presence includes posting and disseminating photographs of our practice and its daily workings. Therefore, we may be interested in using images of your pet(s) and / or family as part of our efforts to maintain, expand, and educate the public about our business and services. We would refer to pets and people pictured **by first name only**, if at all.

Please let us know how we may use / post photographs of your pet(s) and / or family:

- MAC has my permission to use or post photographs of my pet(s) and / or family
- MAC may NOT use or post photographs of my pet(s) and / or family

(OVER)

PET INFORMATION

Please fill in the appropriate information for each pet you own.

	PET #1	PET #2	PET #3
NAME			
SPECIES: (Cat, Dog, etc.)			
BREED			
COLOR			
SEX	Male / Female	Male / Female	Male / Female
DATE OF BIRTH			
AGE WHEN OBTAINED			
WHERE OBTAINED FROM			
CURRENT DIET (Brand Name)			
LIFESTYLE (Indoor, In/Out, Outdoor)			
SPAYED OR NEUTERED?	YES / NO	YES / NO	YES / NO
MICROCHIPPED?	YES / NO	YES / NO	YES / NO
ON HEARTWORM PREVENTION?	YES / NO	YES / NO	YES / NO
ON SYSTEMATIC FLEA CONTROL?	YES / NO	YES / NO	YES / NO

Previous veterinarian(s) where records can be obtained: _____

Please list any prior illnesses or surgeries we should know about for each pet: _____

Please list any known drug or vaccine allergies for each pet: _____

Do you have any concerns about your pet's behavior? _____

Please list any medications or special diets your pets are currently on: _____

I, THE UNDERSIGNED, 1) ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET(S), AGREEING THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR TREATMENT; AND 2) GIVE PERMISSION FOR RELEASE OF MY PET'S MEDICAL RECORDS FROM THE ABOVE LISTED VETERINARIAN(S).

I authorize the following individuals to present the above-named, and any future pets, for treatment.

Name:	Relationship
_____	_____
_____	_____
_____	_____

Owner's Signature _____

Date _____