



LEMON GROVE VETERINARY HOSPITAL

7572 NORTH AVENUE · LEMON GROVE, CA 91945

PHONE (619) 463-0301 FAX (619) 463-5427

NEW CLIENT INFORMATION

Thank you for choosing our hospital to care for your beautiful pets!

Last name _____ First name _____

Driver Lic. # _____ Email _____ Spouse's first name _____

Cell phone # _____ Home/Work phone # _____

Street Address _____ City _____ State _____ Zip _____

Employer _____ Emergency contact name and phone # _____

How did you hear about us ? ☐ Drive by ☐ Website ☐ Google ☐ Yelp ☐ Bing ☐ Facebook
☐ Shelter ☐ Rescue group ☐ Yellow Pages ☐ Yellowpages.com
☐ Personal recommendation _____ ☐ Other _____

PET INFORMATION

1. Patient Name _____ Birthdate / Age _____ Sex _____

Breed _____ Color _____ Spay/Neuter ☐ Yes ☐ No Microchip ☐ Yes ☐ No

Vaccinated ☐ Yes ☐ No Documents for your pet's vaccine history with you? ☐ Yes ☐ No

Medical problems you are concerned about? _____ Do you have a pet insurance? ☐ Yes ☐ No

2. Patient Name: _____ Birthdate / Age _____ Sex _____

Breed _____ Color _____ Spay/Neuter ☐ Yes ☐ No Microchip ☐ Yes ☐ No

Vaccinated ☐ Yes ☐ No Documents for your pet's vaccine history with you? ☐ Yes ☐ No

Medical problems you are concerned about? _____ Do you have a pet insurance? ☐ Yes ☐ No

AUTHORIZATION FOR TREATMENT

I hereby authorize the staff of Lemon Grove Veterinary Hospital to render any treatment, perform surgery that is deemed necessary to my pet(s) [listed above] health while in custody of the hospital. I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. I am at least 18 years of age and legally liable for any decisions I make. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

Signature of Owner, Agent or Good Samaritan

Date _____