

Laguna Creek Veterinary Hospital  
5060 Laguna Blvd. #129  
Elk Grove CA 95758  
916-684-7300

Client I.D.  
Number

**CLIENT INFORMATION**

Mr./Ms./Mrs./Dr.: \_\_\_\_\_ email: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Spouse's name: \_\_\_\_\_ email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Would you like your reminders by Mail ( ) E-Mail ( )

How did you hear about us: Yellow Pages ( ), Drive By ( ), Internet ( ), Referral ( )

If referral, whom may we thank? \_\_\_\_\_

Dog/Cat/ Other	Pet's Name	Breed	Color	DOB	M/F	Altered

Please list any special medications/diets, drug allergies and/or major medical problems your pet has:

\_\_\_\_\_  
\_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Phone (if you have it): ( ) \_\_\_\_\_

It is our policy to provide you with an estimate of fees upon request for any case where in-hospital treatment, emergency care, surgery, or hospitalization will be provided. A deposit prior to treatment may be required depending upon the amount of the estimate.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT IS DUE AT TIME OF SERVICES**

