

2320 Palm Avenue  
 San Mateo, Ca 94403  
 tel: 650-345-1655  
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**SAN MATEO  
 ANIMAL  
 HOSPITAL**

## REGISTRATION FORM

(Please Print)

Today's date:					Please check one: New Client <input type="checkbox"/> Current Client/New Pet <input type="checkbox"/>				
<b>CLIENT INFORMATION</b>									
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Is this your legal name?		If not, what is your legal name?		(Former name):		Birth date:		Age:	Sex:
<input type="checkbox"/> Yes	<input type="checkbox"/> No					/ /			<input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Driver's Lic. # :		Home phone no.:			
						( )			
City:		State:			Zip Code:		Mobile phone no.:		
							( )		
Occupation:		Employer:				Employer phone no.:			
						( )			
Chose clinic because/Referred to clinic by (please check one box):				<input type="checkbox"/> Dr.		<input type="checkbox"/> Insurance Plan		<input type="checkbox"/> Hospital	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other				
e-mail address:									
Other pets seen here:									
<b>PATIENT INFORMATION</b>									
Pet's Name:		Birth date:		Species:			Breed:		
		/ /							
Microchip:	Sex:		Color/Markings:				Spayed/Neutered?		
<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Veterinarian:		Last Vaccination/ Exam Date:			Pet Insurance:		Policy Number:		
Important Medical History:			Current Medications:			Allergies:		Diet:	
Tell Us About Your Pet's Activity: (In/Outdoor Cats, Dog Activity Level):									
<b>IN CASE OF EMERGENCY</b>									
Name of local friend or relative (not living at same address):						Home phone no.:		Work phone no.:	
						( )		( )	
<b>The above information is true to the best of my knowledge. Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient for you: Cash, Check, Mastercard, Visa, Debit Cards, American Express, and Discover.</b>									
Client Signature:						Date:			