



# Redwood Animal Hospital

3762 Castro Valley Boulevard

Castro Valley, CA 94546

(510) 582 - 1136

*We are pleased to welcome you and your pet to our practice. Please take a moment to fill this form out as completely as possible. If you have any questions we'll be happy to help. We look forward to working with you in maintaining your pet's health.*

## Client Information

<b>Primary Contact Name</b> _____	<b>Your Birthday (mm/dd/yyyy)</b> _____
Phone Number _____	Email _____
<input type="checkbox"/> Mobile <input type="checkbox"/> Landline	
Street _____	
City _____	Zip _____ State _____
<b>Secondary Contact Name (optional)</b> _____	
Relation to Primary Contact _____	Phone Number _____
<i>Is the secondary contact authorized to make medical decisions for your pet(s)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Pet #1 Information

Name _____	MALE   FEMALE	<input type="checkbox"/> Check if fixed
Date of Birth (if known) or Approximate Age _____		
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Rodent	Breed _____	Color(s) _____

## Pet #2 Information (if applicable)

Name _____	MALE   FEMALE	<input type="checkbox"/> Check if fixed
Date of Birth (if known) or Approximate Age _____		
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Rodent	Breed _____	Color(s) _____

## Previous Vet

Previous Veterinary Provider (optional) _____
<i>May we contact them for a copy of your pet's records?</i> YES   NO

## How did you discover us?

<input type="checkbox"/> Internet Search / Our Website
<input type="checkbox"/> Yelp
<input type="checkbox"/> Driving By
<input type="checkbox"/> Referral from _____

Client's Signature

Date

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