



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 out this form 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

Full Name _____
Address _____
City _____ Zip _____ State _____
Birth date (Of Owner) _____

Home # _____
Cell # _____
Work # _____ May we contact you at work? | Y | N |
Primary Contact #: Home / Cell / Work /

Email _____

Alternate Contact Information:

Name(s) _____
Phone # _____
Are alternate contacts authorized to make medical decisions for your pet(s)? | Y | N |

Pet Information

Name _____ Birthdate(or estimated age) _____
Circle one: MALE / NEUTERED MALE / FEMALE / SPAYED FEMALE
Breed _____ Color _____

Previous veterinary
provider _____
May we contact them in order to obtain a copy of your pet's medical record? | Y | N |

How did you hear/learn about our hospital? (mark all that apply)

- Internet search
- Yelp
- Our Website
- Drove by
- Facebook
- Referred by _____

Refer clients to us and you both get a special discount!

Please list how many pets you have or take care of: Dogs _____ Cats _____ Other _____

Redwood Animal Hospital Boarding Agreement



| | |
|---------------|--|
| Drop Off Date | |
| Pick Up Date | |

Pet's Name(s):

Owner's Name:

Owner's Phone Number:

Pet's Belongings: (Redwood Animal Hospital is not held responsible for any items that are lost, or damaged by your pet):

Feeding instructions: **Owner's Food / Hospital Food (please circle one)**
Did they already eat today?

| Name: | Amount to be given: | Frequency: AM/PM/BOTH? |
|-------|---------------------|------------------------|
| | | |

Medication instructions (if applicable): Did they already have a dose today?

| Name: | Amount to be given: | Frequency: AM/PM/BOTH? |
|-------|---------------------|------------------------|
| | | |

In the case that you cannot be reached and your pet needs medical attention, please leave information for an emergency contact:

Emergency Contact Name:

Emergency Contact Phone Number:

Other people that have permission to pick up your pet:

Name(s):

Phone Number(s):

(Please see second page for more information)

