

# WELCOME

## To Pacific Petcare Veterinary Hospital of Carmel Valley

At Pacific Petcare we believe that pets are precious and your time is valuable. Our expertly trained staff is committed to personalized service and providing the finest, most complete pet care available. We love what we do, and we strive to make each experience with us pleasant for both you and your pet.

### About You

(Dr.) (Mr.) (Mrs.) (Ms.)  
Name \_\_\_\_\_

Last

First

M.I.

Mailing Address/P.O. Box \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cellular Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Spouse/Co Owner \_\_\_\_\_

Provide the full names of any individuals who, in your absence, have the authority to act on your behalf in regards to directing medical attention to your pets. Please be thorough and include any family members, personal assistants, house keepers, pet sitters, and/or friends who you may wish to help you in your times of need. Pacific Petcare will recognize these people as your approved agents and will accept their signatures on medical and financial consent forms.

\_\_\_\_\_

\_\_\_\_\_

### About Your Pet

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Birthday \_\_\_\_\_

Female or Male Spayed/ Neutered

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Birthday \_\_\_\_\_

Female or Male Spayed or Neutered

### What Do You Think

We view our pet as:  A Family Member  Household pet  Ranch/Outdoor Pet

Nicknames for your pet: \_\_\_\_\_

When choosing a veterinarian I/we look for (check all that apply):

Personalized Service and Individual Care  Variety of Services (boarding, bathing, etc.)  Low Cost Services

State-of-the-art Veterinary Care  Accommodating Hours/Emergency Services  Other \_\_\_\_\_

What we really liked about our previous veterinary experiences: \_\_\_\_\_

What we really disliked about our previous veterinary experiences: \_\_\_\_\_

Please contact our previous veterinary office for medical records: \_\_\_\_\_

How did you first hear about us?  Internet: \_\_\_\_\_  Highway Sign  Street Sign  Yellow Pages  Movie Ad

Other: \_\_\_\_\_  Referral: Who can we thank for the referral? \_\_\_\_\_

Professional fees are due at the time services are rendered. Please complete the following financial information:

Credit Card \_\_\_\_\_ Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Owner or Owner's Agent \_\_\_\_\_ Date \_\_\_\_\_

**Notice: To prevent the spread of infectious diseases and parasites, hospitalized and boarded pets must be current on all vaccines and free of internal and external parasites. If needed, the required immunizations, bathing, and/or deworming will be provided at our regular fee schedule.**

Chart # \_\_\_\_\_  
WC  TYC