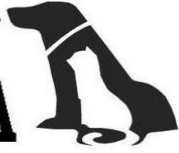


"we have warm hearts for cold noses"

MORENA
pet hospital



1540 Morena Blvd.
San Diego, CA 92110
619.275.0888

Client Registration

Client Information

Client: _____ Date: _____
Last Name First Name M.I.

Spouse/Partner: _____

Address: _____

City/State/ Zip: _____

Employer: _____

Employer Address: _____

Owner's Birth date _____ (required for some medications) Driver's License #: _____

Primary Phone:() _____ Wk:() _____ Additional #:() _____

E-mail address _____ @ _____

Prefer Reminders by Email/Text- No Postcards

How did you first hear of our hospital?

MPH website Internet-please list source (e.g. Google) _____

Hospital Sign Event Referred by: _____

Yellow Pages Humane Society Other: _____

Pet Information

Pet's Name: _____ Microchip # _____

Species: Dog Cat Bird Other: _____

Sex: Male Female Spayed Neutered At what age? _____

Breed: _____ Color: _____

Diet (brand name): _____

Age of pet: _____ Date of birth _____

What age was the pet obtained? _____

Obtained from: Friend Breeder Pet Shop Humane Society
 Other: _____

Reason for Obtaining Pet (check all that apply): Companion Breeding
 Protection Show Other: _____

Previous Vet Hospital _____ Phone Number _____

For Cats Only (check all that apply): Indoor Only Outdoor Both

FOR OFFICE USE ONLY

X-Ray # _____

Client Number: _____

Special Notes: _____

CAUTIONS!

Appointment Cancellation Policy Agreement:

Morena Pet Hospital is committed to providing all of our patients with exceptional care. When a patient cancels without giving enough notice, they prevent another patient from being seen.

Please call us at (619) 275-0888 by 12:00 p.m. on the day prior to your scheduled appointment to notify us of any changes or cancellations. **To cancel a *Monday* appointment, please call our office by 12:00 p.m. on *Saturday*.** If prior notification is not given, you will be charged \$25.00 for the missed appointment.

This fee will also be charged if you are more than 15 minutes late to your scheduled appointment.

Please sign below to consent to these terms.

Client Signature

Date