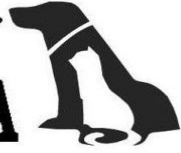


"we have warm hearts for cold noses"



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: _____

Owner's Birth date: (m) _____ / (d) _____ / (y) _____ (required for some medications)

Primary Phone: () _____ (Home/Cellular) Additional#: () _____

How did you first hear of our hospital?

MPH website Hospital Sign Other: _____

Hospital Sign Humane Society Referred by: _____

Yellow Pages Internet-please list source (i.e. Google): _____

E-mail address _____ Prefer Reminders by Email/Text

Pet(s) Information

Pet's Name: _____ Microchip # _____

Species: Dog Cat Other: _____ Sex: Male Female Spayed Neutered

Breed: _____ Color: _____

Age of pet: _____ Date of birth: ____ / ____ / ____ What age was the pet obtained? _____

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

For Cats Only: Indoor Only Outdoor Both

Pet's Name: _____ Microchip # _____

Species: Dog Cat Other: _____ Sex: Male Female Spayed Neutered

Breed: _____ Color: _____

Age of pet: _____ Date of birth: ____ / ____ / ____ What age was the pet obtained? _____

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

For Cats Only: Indoor Only Outdoor Both

Pet's Name: _____ Microchip # _____

Species: Dog Cat Other: _____ Sex: Male Female Spayed Neutered

Breed: _____ Color: _____

Age of pet: _____ Date of birth: ____ / ____ / ____ What age was the pet obtained? _____

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

For Cats Only: Indoor Only Outdoor Both

Previous Vet Hospital: _____ Phone Number: _____

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