



4960 Camden Avenue
 San Jose, CA 95124
 408.265.2200 Phone
 408.265.3448 Fax

New Client Registration Form Chart #: _____

Thank you for making us Your Neighborhood Veterinarian. We are happy to be your partners in the care of your pet's health. To help us get to know you and your pet, please fill out the following information:

Date _____

Owner Information (Please print)

Your name _____ Driver's License # _____ Exp. _____

Street _____

City / State / Zip _____

Phones: Home _____ Cell _____

E-Mail address* _____

To serve the purpose of future vaccination and appointment reminders ONLY.

Employer _____ Phone _____ Occupation _____

Who else is responsible for your pet?

Name _____ Relationship _____

Street _____

City / State / Zip _____

Phones: Home _____ Cell _____

E-Mail address* _____

To serve the purpose of future vaccination and appointment reminders ONLY.

Employer _____ Phone _____ Occupation _____

How did you hear about Camden Pet Hospital? Please check one.

Hospital Sign Yellow Pages Internet Individual (who can we thank?) _____

Other: _____

Former Veterinary Practice and/or Vaccine Clinic: _____

Pet #1

Name of pet _____ Dog Cat Other : _____

Male / Female: Spayed/neutered/unaltered (please check one) Birthdate/Age: _____ Microchip? YES NO

Breed: _____ Color / Markings _____

Acquired From _____

Pet #2

Name of pet _____ Dog Cat Other : _____

Male / Female: Spayed/neutered/unaltered (please check one) Birthdate/Age: _____ Microchip? YES NO

Breed: _____ Color / Markings _____

Acquired From _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Professional fees are to be paid at time services are rendered.

We honor MasterCard, Visa, Discover, Debit, and cash. No personal checks accepted. All balances carried at Camden Pet Hospital will be charged a monthly service charge on all accounts over 30 days with a 1.50% per month which is an annual percentage rate of 18.0%.

Signature of Owner: _____ Date: _____