



Alameda East Veterinary Hospital



VCA Alameda East Veterinary Hospital
Come. Sit. Stay. Play.

How did you hear about our facility? _____

Whom may we thank for your visit today? _____

Date: _____

FOR OFFICE USE ONLY:	
Client ID:	_____
Patient ID:	_____
Client Classification:	_____

CLIENT INFORMATION

Last Name:	First Name:	Home Phone:
		Cell/Alt Phone:
Co-Owner Last Name:	First Name:	Co-Owner Phone:
Street Address:		
City:	State:	ZIP:
Email Address:	Email Opt-in: Would you like to receive reminders or educational notices via Email? We will not give or sell your email to anyone else, and you can always unsubscribe later. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer:	Occupation:	Employer Phone:
Co-Owner Employer:	Occupation:	Employer Phone:

PATIENT/BOARDING GUEST INFORMATION

Name:	Species (canine/feline, etc.):	Breed:
DOB(if known or estimated DOB):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spay <input type="checkbox"/> Intact <input type="checkbox"/> Neuter	Microchip ID:
Known Allergies/Medication Reactions:	Last Vaccinations (mo/yr): Rabies: _____ Bordatella: _____ Distemper: _____	Color/Markings:

REGULAR VETERINARIAN (If not VCA Alameda East Veterinary Hospital)

Veterinarian Name:	Clinic Name:	Clinic Phone:
Street Address:		
City:	State:	Zip: FAX:
Were you directly referred to VCA Alameda East by this Veterinarian? <input type="checkbox"/> YES <input type="checkbox"/> NO		

ANIMAL LODGE GUESTS

How long has it been since your pet was a guest at another boarding/daycare facility?	
Was your pet originally adopted from one of the following agencies:	<input type="checkbox"/> Denver Dumb Friends League <input type="checkbox"/> Denver Municipal Shelter <input type="checkbox"/> Aurora Municipal Shelter <input type="checkbox"/> Other _____ If so, when? _____