



WELCOME TO TERRA LINDA VETERINARY HOSPITAL

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please fill out this form completely. Thank you!

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ CELL PHONE: () _____

WORK PHONE: () _____ EMAIL: _____

SPOUSE/CO-OWNER: _____

DRIVERS LICENSE# _____

PATIENT #1: _____ [] DOG [] CAT [] _____

BIRTHDATE: ___/___/___ [] MALE [] FEMALE [] NEUTERED/SPAYED

BREED: _____ COLOR: _____

PATIENT #2: _____ [] DOG [] CAT [] _____

BIRTHDATE: ___/___/___ [] MALE [] FEMALE [] NEUTERED/SPAYED

BREED: _____ COLOR: _____

May we share your pet's photo on our Terra Linda Veterinary Hospital Facebook page? [] YES [] NO

How did you hear about us? [] Client - Name: _____

[] Marin Humane Society [] www.terralindavet.com [] Google [] Facebook [] Social Media Site

[] TLVH Sign [] TLVH Brochure [] Yelp [] Other _____

I hereby authorize the veterinarian(s) of Terra Linda Veterinary Hospital to examine, prescribe or treat my pets. I assume all responsibility for charges incurred in the care of my animals. I also understand that these charges must be paid for at the time of release and that a deposit may be required for some treatments. An interest rate of 1.75% (20% annual) will be charged on any unpaid balance, with a minimum monthly charge of \$5.00.

Signature of Owner: _____ Date: _____