



P: 650.583.5039 F: 650.763.8620

1111 El Camino Real, San Bruno, CA 94066 | sanbrunopet.com

## Client Registration Form

Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

### Client Information

Name: \_\_\_\_\_ Spouse/Secondary Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Best Time To Reach You: \_\_\_\_\_ Secondary Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you prefer us to send reminders by:  Mail  Email

Name of previous hospital or veterinary clinic \_\_\_\_\_

Does your pet have insurance?  No  Yes Name of Insurance Co: \_\_\_\_\_

How did you become aware of our clinic?  Location  Google  Yelp  Facebook  Instagram

Personal Recommendation (whom may we thank?) \_\_\_\_\_

Any previous serious illnesses or surgeries? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Do you have any other pets? Please include them in the table below:

	PET #1	PET #2	PET #3
NAME			
SPECIES			
BREED			
DATE OF BIRTH			
COLOR/MARKINGS			
SEX: SPAYED/NEUTERED?			

I agree that all of this information is true and correct and I agree to pay for all medical services at the time they are rendered.

Signature \_\_\_\_\_

**We want to provide excellent customer service and high quality patient care, and strive to meet and exceed your expectations. The pieces of information on the following page are important topics, and we'd like to be proactive in your wishes. Please don't hesitate to inquire if you would like further explanation or have questions.**

SEE REVERSE SIDE OF PAGE →

## Appointment Information

- In order to maintain a safe, comfortable environment, we do require all pets to be current on their rabies vaccinations. State law requires that we provide our County's Animal Care Services a copy of all canine patients who have received a Rabies immunization vaccine.
- We would like you to know that we are not a 24 hour facility, and on occasion there may be pets in the facility in the absence of personnel. Your pet's doctor will discuss options for overnight care and monitoring when appropriate. Our hospital is equipped with security cameras for your protection.
- We appreciate your help in keeping our schedule running efficiently. If you need to cancel or change an appointment time, please let us know as soon as possible. We require notice at least 12 hours in advance for cancelled appointments. If you do not cancel at least 12 hours prior for three separate appointments, there will be a \$10.00 Cancellation fee added to your account balance.
- We understand that delays can occasionally happen; however, we must try our best to keep the doctors on schedule. If a patient arrives more than 10 minutes past their scheduled time, we may have to reschedule your appointment.
- Our hospital utilizes a 3rd party to help remind you about your pet's current medical needs such as vaccines due. This agency will not provide your personal information to any other party. Please notify us if we do not have permission to send reminders to you.
- We love to share veterinary success stories, testimonials and photos. Please notify us if you wish to prohibit us from using your pet's photo, and/or testimonial for training, educational and marketing purposes. There is no expectation of financial compensation, and your full name will not be used.
- Many drugs that have been approved for use in humans and/or some animals have also been proven to be safe and effective in species for which the drugs are not labeled. Our veterinarians, often by necessity, must recommend, administer, and prescribe drugs that are considered extralabel. I authorize my pet's veterinarian to use extra-label drugs.
- Occasionally, we will receive requests from grooming, boarding, day care, or veterinary facilities and will comply upon their request. In the event you've notified us your pet is covered by veterinary pet insurance, we will send medical records when requested.
- One of the most effective ways to promote and maintain the health and safety of your pets is by providing a thorough exam and consultation that our veterinarians administer with every vaccine. It is our policy to not give "out patient" vaccines without an examination. The reason for this policy is that we do not want to do anything that may make your pet sick. Also, our patients cannot talk and may hide subtle symptoms of illness, a thorough physical exam is the best way to be sure they are healthy enough to be vaccinated safely. It is also our policy to not give 2 new injectable vaccines within 10 days of each other. By doing this, if your pet does have a vaccine reaction, we will know which one caused it.
- Non-prescription items purchased may be returned within 30 days of purchase for exchange or refund. With original receipt, items will be returned for the full purchase price and refunds will be issued in the original method of payment. For any return, you will be asked for valid photo identification. We reserve the right to limit or refuse a refund. Gift cards, pre-paid cards and phone cards cannot be returned or exchanged (except where required by law). NOTE: This policy does not apply to prescriptions. By law, we cannot accept returns or refunds of prescription products for reuse or resale.

**Please initial here to acknowledge that you have read the policies above.**

Initials \_\_\_\_\_



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