



Sierra Veterinary Clinic  
 711 W. Hammer  
 Stockton CA 95210  
 209-477-4841  
[www.sierravetclinic.com](http://www.sierravetclinic.com)



## NEW CLIENT/PATIENT INFORMATION SHEET

Welcome to Sierra Veterinary Clinic. So that we may provide you with exceptional service, please share some information about you and your pets. We look forward to providing loving and compassionate veterinary care for your best friends.

### Client Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Employer name/address \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License# \_\_\_\_\_ EXP \_\_\_\_\_

Spouse Social Security # \_\_\_\_\_ Drivers License# \_\_\_\_\_ EXP \_\_\_\_\_

#### How did you become aware of our hospital?

\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Website \_\_\_\_\_ Clinic Sign \_\_\_\_\_ Previous Client \_\_\_\_\_ Drive by \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Referral from a friend? Whom may we thank? \_\_\_\_\_

### Patient Information:

PET 1	PET 2	PET 3
Name:	Name:	Name:
Species: Dog Cat Other _____	Species: Dog Cat Other _____	Species: Dog Cat Other _____
Sex: Female Male	Sex: Female Male	Sex: Female Male
Spayed/Neutered: Yes No	Spayed/Neutered: Yes No	Spayed/Neutered: Yes No
Breed:	Breed:	Breed:
Color:	Color:	Color:
Date of Birth or approximate age:	Date of Birth or approximate age:	Date of Birth or approximate age:
Date of last vaccines: Dogs: DAPP _____ Bordetella _____ Rabies _____ Other (please specify) _____ Cats: RCP _____ Leukemia _____ Rabies _____	Date of last vaccines: Dogs: DAPP _____ Bordetella _____ Rabies _____ Other (please specify) _____ Cats: RCP _____ Leukemia _____ Rabies _____	Date of last vaccines: Dogs: DAPP _____ Bordetella _____ Rabies _____ Other (please specify) _____ Cats: RCP _____ Leukemia _____ Rabies _____

#### PAYMENT

- WE WILL GLADLY PREPARE A WRITTEN ESTIMATE IF YOU DESIRE. PLEASE ASK OUR DOCTOR OR RECEPTIONIST.
- ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. FOR YOUR CONVENIENCE WE ACCEPT CASH, DEBIT, VISA, MASTERCARD, DISCOVER, AND CARE CREDIT.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASE AND PARASITES, HOSPITALIZED AND BOARDED PETS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

Signature of client responsible for pets \_\_\_\_\_ Date \_\_\_\_\_