



**TORREY HILLS**  
Pet Hospital

**NEW CLIENT INFORMATION FORM**

Welcome to Torrey Hills Pet Hospital! Thank you for trusting us to care for your pet, please help us provide the best possible care by completing the information on this form.

**OWNER'S INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Spouse, significant other, co-owner authorized to approve care for pets:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency/Alternate contact person not listed above:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**How did you hear about us?**

- Yellow Pages   
  Internet   
  Home Flyer   
  Parking Lot Flyer   
  Coupon  
 Hospital sign   
  Walk-in   
  Other   
  Personal Referral: \_\_\_\_\_

PATIENT INFORMATION:	Pet # 1		Pet # 2		Pet # 3	
	Name					
Date of Birth/ Age						
Species (cat/dog)						
Breed						
Color						
Gender (circle)	Female	Male	Female	Male	Female	Male
	Spayed	Neutered	Spayed	Neutered	Spayed	Neutered
Does your Pet have allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your Pet ever had a reaction to vaccines or medications? If yes, what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Previous Veterinary Hospital: \_\_\_\_\_

Any previous illness or surgeries? \_\_\_\_\_

Any special diets or medications? \_\_\_\_\_

Is your pet Microchipped? Yes  No  If yes, Microchip Number: \_\_\_\_\_

Does your pet have Trupanion Medical Insurance? If so, Policy # \_\_\_\_\_

May we use your pets name or image on our social media? Yes  No

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_