

OPEN 7 DAYS • MON – FRI 7AM – 7PM • SAT – SUN 8AM – 4PM • Emergencies – all other hours  
Medicine • Surgery • Dentistry • Pet Resort • Day Kamp • Professional Grooming

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### MISSION ANIMAL & BIRD HOSPITAL – Client Information

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

Pet Parent/Caregiver \_\_\_\_\_ Spouse/Co-Parent \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer's name \_\_\_\_\_

Spouse's/Co-Parent's Employer \_\_\_\_\_ Phone \_\_\_\_\_

SSN \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

How did you first hear about our hospital? (Please check one.)

- Personal recommendation by: \_\_\_\_\_
  - Internet  Emergency Animal Clinic
  - Yellow Pages  Camp Pendleton Vet Hospital
  - Our building sign  San Diego Humane Society
  - I was a previous client here  An Animal Rescue Organization
  - Other \_\_\_\_\_  San Diego Pet Magazine
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Pet's name \_\_\_\_\_  Dog  Cat  Bird  Rabbit  Other \_\_\_\_\_

Birthday/Age \_\_\_\_\_  Male  Female  Spayed/Neutered

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of last vaccinations \_\_\_\_\_

Is your pet currently: On medication? Yes No On a special diet? Yes No

Being treated for a medical problem? Yes No Please explain \_\_\_\_\_

Who can we call in the event of an emergency when you or your spouse/co-parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Are either you or your spouse over 62 years and, therefore, qualify for our Senior Citizen Program?  Yes  No

Do you have pet insurance? Yes No If not, please ask for a brochure.

Preferred method of payment:  Cash  Debit  MasterCard/Visa/Discover  Care Credit (over \$1000)

**Note: All fees are due when the services are performed. We do not bill.**

Would you like a tour of our Pet Resort, Day Kamp & Grooming Salon as well as the hospital? Yes No

Signature of Pet Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Note: Cameras, for security and training purposes, are located throughout our facility, except for restrooms. Information is not shared with outside parties. If you have a concern about confidentiality, please speak to a staff member. Cameras can be temporarily turned off in some areas such as exam rooms.