**Blue Ravine Animal Hospital**
**1770 Prairie City Road**
**Folsom, CA 95630**
**(916) 984-0990**

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

First name_____ Last name _____Middle Initial____ Driver's License # _____

Birthdate_____ **This information is for dispensing controlled substances only.**

Address _____ City _____ Zip Code _____

Home Phone (_____)_____ Work Phone (_____)_____ Mobile (_____)_____

E-mail: _____ Spouse: _____

Spouse Work Phone (_____)_____ Spouse Mobile (_____)_____

Emergency Contact Name _____ Phone (_____)_____

How did you learn of our hospital (please check all that apply?) ☐ Recommendation, by whom? _____

☐ Yellow pages ☐ Sign ☐ Internet ☐ Other _____

Are you (check any that apply)?

☐ In Intel Employee ☐ Over 65 ☐ A member of the Folsom Chamber of Commerce

## Pet Health History

Name of Pet #1 _____ ☐ Dog ☐ Cat ☐ Other_____

Breed _____ Color _____ Birthdate _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Vaccination History (Date and type of last vaccinations) _____

_____

Pet's Current Medications_____ Describe your pet's diet_____

Name of Pet #2 _____ ☐ Dog ☐ Cat ☐ Other_____

Breed _____ Color _____ Birthdate _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Vaccination History (Date and type of last vaccinations) _____

_____

Pet's Current Medications_____ Describe your pet's diet_____

***Authorization*** I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

☐ **Check this box if you authorize your records to be released on an as needed basis. (i.e. Boarding, Grooming, Specialty Hospitals, Change in Veterinary Hospital, Etc.)**

Signature of Owner/Authorized Agent _____ Date _____