



Peninsula Animal Hospital

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"Compassionate and Thorough Veterinary Care"

Date: _____

Welcome! We are pleased to welcome you to our practice! Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We do not share your personal information with others. We look forward to working with you to optimize your pet's health!

OWNER / CLIENT INFORMATION

Owner Name: _____

Owner's Date of Birth: _____ (Required for Controlled Drug Prescriptions)

Other Owner Name(s): _____

Address: _____

City, State, Zip: _____

Phone Number(s): Home: _____ Work: _____ Mobile: _____

Emergency Contact: (include Name and Phone)

Email: (clinic use only) _____

Employer: _____

How did you learn about our practice? _____ (We love referrals!)

PET INFORMATION

Pet's Name: _____

Species / Gender: (circle) Dog Cat Other: MALE NEUTER FEMALE SPAY UNKNOWN

Age/Birthday: (or approximate) _____

Breed: _____

Microchipped?: (circle) YES NO NOT SURE Are you interested in microchipping your pet? YES NOT TODAY

Vaccine History: Rabies DOGS: DA2PP Bordetella Leptospirosis CATS: FeLV FVRCP Others:

Reason for today's visit? _____

Any prior health issues? _____

Other comments: _____

Photo Release

We occasionally take photos or videos that may include your pet in the course of our time with your pet at the hospital. Please sign below if you approve the use of your pet's photos for the hospital website or social media posts.

Signature of Responsible Party: _____

If you would like to decline use of your pets' photos check and sign here: _____

Financial Policy

Payment Options: Cash, Apple Pay, Credit (Visa, MasterCard, American Express, Discover) & Care Credit. We are unable to accept checks.

Thank you for choosing Peninsula Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible. Peninsula Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

We will gladly prepare a written estimate of service fees if you desire (please ask our doctors or any staff member for assistance). We also are happy to work with your pet's insurance company for optimum compensation of benefits.

To prevent spread of infectious diseases, all hospitalized patients must be current on vaccinations and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in detail on the final discharge invoice.

By signing below, you agree to the foregoing terms and payment:

Signature of Responsible Party: _____

Printed Name: _____

Date: _____

We are here to provide the best veterinary care available for your pet and exceptional service to you.

Sincerely,

Dr. Aaron Cohen, Dr. Johanna Sherrill, and our friendly caring staff