

16055 Sierra Lakes Pkwy, Fontana Ca, 92336 Phone (909) 329-2860 | Fax (909) 329-2871

☑Client ID: _____

Name	Owner Information		
Address City State Zip Primary Phone	First Name Last N	Name	
Primary Phone (
Secondary Phone	Primary Phone ()	□Cell □Home □Work	
D.O.B	Secondary Phone ()	□Cell □Home □Work	
E-mail	DOB / / CareCredit Acco		
Spouse or Co-Owner Information		ount 105 - 140	
First Name	L-man.		
Secondary Phone (Spouse or Co-Owner Information		
Secondary Phone (First Name Last N	Name	
Secondary Phone (Primary Phone ()	□Cell □Home □Work	
Pet #1	Secondary Phone ()	□Cell □Home □Work	
Pet #1			
D.O.B			
Pet #2 Name	Pet #1		
Pet #2 Name	Name D.O.B _	/	
Pet #2	Breed Color	Insured: □Yes □No Microchip #:	
Name		<u> </u>	
Pet #3 D.O.B / Male Female Altered: Yes No Microchip #: Pet #4 Pet #4 Pet #4 Pet #4 Pame D.O.B / Male Female Altered: Yes No Pet #4 Pet #4 Pame D.O.B / Male Female Altered: Yes No Pet #4 Pet #4 Pame D.O.B / Male Female Altered: Yes No Pet #4 Pet #4	Pet #2		
Pet #3 Name	Name D.O.B	/ / □Male □Female Altered: □Yes □No	
Name	Breed Color	Insured: \(\text{Yes} \) No Microchin #:	
Name	00.01	mostos are moreon w	
Name	Pet #3		
Pet #4 Name		/ / □ Male □ Female Altered: □Ves □No	
Pet #4 Name	Proof Color	Inquired: \(\text{Vos} \text{No. Microship #:} \)	
Name	Coloi	insured. \Box i es \Box ivo ivitetochip #.	
Name	Pot #A		
How did you hear about us?		/ / Mala Eamala Altanati Vag Na	
How did you hear about us? Website Hospital Sign Yelp Social Media Google Mailer Animal Shelter Yellow Pages	Name D.O.B _	Male Female Affered: Yes No	
Website Hospital Sign Yelp Social Media Google Mailer Animal Shelter Yellow Pages	BreedColor	Insured: \square Yes \square No Microchip #:	
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Prestige Animal Hospital May use my Pet(s) photos on social media networks and for educational purposes. Yes, make my pet(s) a star! No, I decline			
Prestige Animal Hospital May use my Pet(s) photos on social media networks and for educational purposes. Yes, make my pet(s) a star! No, I decline I hereby authorize the attending veterinarian at Prestige Animal Hospital to examine, prescribe for, and/or treat the pets described above. I assume all responsibility for the charges incurred for the care of these animals. I understand that in the event of any unusual or emergency circumstances, the staff will make attempts to contact me or my designated representative, if time allows, before proceeding with treatment. I understand that I will be financially responsible for, not only the estimated charges provided to me in person or over the telephone, but also for all emergency procedures. I understand that estimated/professional fees are to be paid at the time services are rendered and full payment/deposit is due on all pets admitted to the hospital. I also certify that I am at least 18 years of age. Signature of owner or authorized agent			
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Signature of owner or authorized agent Date/ FOR OFFICE USE ONLY WEB - Website GOOGLE - Google YELP - Yelp SHELTER - Shelter ER - Emergency/Other Hosp. YP - Yellow Pages		e services are rendered and full payment/deposit is due on all pets admitted to the	
FOR OFFICE USE ONLY WEB - Website GOOGLE - Google YELP - Yelp SHELTER - Shelter ER - Emergency/Other Hosp. YP - Yellow Pages	nospital. I also certify that I am at least 10 years of age.		
FOR OFFICE USE ONLY WEB - Website GOOGLE - Google YELP - Yelp SHELTER - Shelter ER - Emergency/Other Hosp. YP - Yellow Pages	Signature of owner or authorized agent	Date / /	
WEB - Website GOOGLE - Google YELP - Yelp SHELTER - Shelter ER - Emergency/Other Hosp. YP - Yellow Pages			
	LOCAL - Hospital Sign FB - Facebook/Instagram		

 ?Walk-IN Time: