

Arboles Animal Clinic

413 E Avenida De Los Arboles

Thousand Oaks, CA 91360

New Client Form

OWNER:

Name_____Spouses Name_____

Address_____Email:_____

_____Facebook Name:_____

Phone Number: Cell_____ Home_____

PET:

Name_____Sex_____Species_____

Age_____Color_____ Altered?__ Breed_____

Microchip? _____

Is your pet Vaccinated? (Y) or (N)

If yes which vaccinations? _____

In a few short phrases what is your pet being seen for today?_____

Does your pet have any major medical history?

Is your pet on any medications if so what kind?

Do you authorize Arboles Animal Clinic to post pictures and/or videos of your pet on our social networking sites? (If so sign below)

Signature_____

Payments are due upon services rendered, All pets must be vaccinated for rabies, All pets must be on leash

