



FOLDER # _____

Dr. Battier's Veterinary Clinic
3639 Las Posas Rd. Ste 112
Camarillo, CA 93010

OWNER INFORMATION:

Last name: _____ First name: _____ Cell #:(____) _____

*DOB: _____(mm/dd/yyyy) **only to be used for prescribing specific medications*

Spouse / Partner / Other: _____ Cell #:(____) _____

Address: _____ City: _____ Zip: _____

Home #:(____) _____ Work #:(____) _____

Email: _____

Employer / Occupation: _____ Referred by: _____

<p>Are you or your spouse active duty military?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>10% discount on office visits</i></p>
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<p>Are you or your spouse 65 years or older?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>10% discount on office visits</i></p>

PATIENT INFORMATION:

Name: _____ Breed: _____ CANINE FELINE

Color(s): _____ DOB/Age: _____

Sex (please circle): MALE FEMALE Spayed Neutered

Microchip number: _____

Any serious medical problems or known drug reactions? _____

Is your pet currently taking any medications? YES / NO

Rx #1: _____ Rx #2: _____

Rx #3: _____ Rx #4: _____

My pet has health insurance; *Company:* _____ *Policy # (if available):* _____

Please check if you allow our clinic to photograph your pet and post them to our business Facebook page

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release.

Signature: _____ Date: _____