



## **Companion Care Veterinary Hospital**

**Rancho Bernardo**

**“When it’s not just a pet, but a companion.”**

16777 Bernardo Center Drive. #E-10 • San Diego, CA 92128  
Phone (858) 451-0990 • Fax (858) 451-5761  
www.companioncareveterinaryhospital.com

Please fill out the following information carefully so we can better serve you and your pet’s needs.

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### **CLIENT INFORMATION**

Date: \_\_\_\_\_

**Owner’s Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Owner’s Date of Birth (Required for certain medications): \_\_\_\_\_

**Co-Owner’s Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

How would you like to receive reminders for your pet(s)?     Mail     Email     Both

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Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does this person have authorization to make medical decisions?    Yes    No

Referred by:     Friend     Website     Saw sign     Other \_\_\_\_\_

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I hereby authorize the Veterinarian to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). *I understand payment is due when services are rendered.* In the event my account becomes delinquent, I understand I am responsible to pay actual and reasonable fees for service and collection charges and/or attorney fees together with interest of 1.5 percent per month.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Financial Information

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Financial information is inputted into our computer and can only be viewed by the hospital Administrator.  
This form will then be shredded for your security.

**Owner's Name:** \_\_\_\_\_

Visa, M/C or Amex Card # (optional) \_\_\_\_\_ Expires: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Co-Owner's Name:** \_\_\_\_\_

Visa, M/C or Amex Card # (optional) \_\_\_\_\_ Expires: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Social Security #: \_\_\_\_\_