



New Patient & Client Information

Thank you for giving us the opportunity to care for your pet.
Please help us better meet your needs by taking a few moments to complete this information sheet.

Owner's Name: _____ Spouse: _____
Last First Last First

Address: _____ City: _____ State: _____ Zip: _____

Preferred Contact: _____ Owner's DOB _____

Cell Phone: _____ Home Phone: _____

E-mail Address: _____ Spouse Cell: _____

Would you like to receive your pet's reminder and important pet health information by E-mail? Yes _____ No _____

How did you become aware of Bernardo Heights Veterinary Hospital? Hospital Sign _____ Pet Store _____

Other Clinic _____ Yellow Pages _____ Google Search _____ Shelter _____ Yelp Ad _____

Personal Recommendation: _____ Who May We Thank? _____

Pet's Name: _____ Dog: _____ Cat: _____ Sex: _____ Neutered/Spayed _____

Breed: _____ Color: _____ Age or Date of Birth: _____

Microchip #: _____ Medications: _____

Allergic reactions/Known Allergies: _____ Diet: _____

Previous Surgery/Illness/Dentistry: _____

Last Heartworm/Fecal Lab Analysis: _____

Previous Vaccinations and Dates Given:

Canine Vaccines

Distemper/Hep/Para/Parvo: _____

Bordetella (Kennel Cough): _____

Rabies: _____

Other: _____

Deworm: _____

Feline Vaccines

Rhino/calici/panleuk: _____

Feline Leukemia: _____

Rabies: _____

Indoor/Outdoor: _____

Deworm: _____

With my signature I authorize the Doctors and staff of Bernardo Heights Veterinary Hospital to treat my pet(s).

Signature: _____ Date: _____

***Welcome to Bernardo Heights Veterinary Hospital, where the animals come first!
Bernardo Heights Veterinary Hospital (858) 485-9111 Fax (858) 487-6989 bhvet01@gmail.com***