



Alicia Pet Care Center

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Client Information Sheet

Client Information

Last Name: _____ First Name: _____ **(Please Indicate Preferred #)**

Address: _____ Zip: _____ Home Phone: _____

City: _____ State: _____ Work Phone: _____

Spouse/Co-Owner: _____ Fax Number: _____ Cell Phone: _____

Email address: _____ **(We also need a copy of your I.D.)** Co-Owner Cell: _____

Employer: _____ Driver's License # (required): _____

Date of Birth (required): _____

Who may we thank for your referral to our clinic: Friend: _____

Other **(please specify)**: _____

Patient Information

Pet's Name: _____ Birth date: _____ Age: _____ Sex: M M/Neutered
 F F/Spayed

Breed: _____ Color: _____ Species: Cat Dog

Microchip #: _____ Pet Insurance: Yes No Insurance Co.: _____

Where has your pet previously been treated? _____

Does your pet have any previous medical problems? No Yes When? _____

Any allergies, vaccine reactions, or drug reactions? No Yes When? _____

Where does your pet live: Indoor only Both Indoor and Outdoor Outdoor Only

Other pets in the household: _____

Vaccines have been an essential part of our pet's preventative health care program for many years. The purpose of a vaccine is to stimulate the pet's immune system, which is an inherently inflammatory process. It is therefore typical for some joint or muscle soreness to occur, lethargy to be observed, or a mild fever to be present for a day or two following vaccine administration. These reactions are not serious and generally go unnoticed. In general, no special precautions need to be taken - the animal can eat, drink, and exercise normally.

Some pets can have a more severe allergic reaction to vaccines. An allergic reaction is a highly individual inflammatory response against specific proteins entering the body. These proteins can be pollens, dusts, foods, medications, or even vaccines. An allergic reaction to a vaccine might include hives, facial swelling, and nausea. More serious reactions include shock or even sudden death can occur.

_____ (client initials) I have read and understand the above vaccination information.

I understand professional fees are to be paid in full at the time services are rendered

(Clients carrying a balance are subject to an interest charge of 2.5% calculated monthly.)

I, the owner or authorizing agent of the patient describe above, assume full financial responsibility for all charges regardless of the outcome of the patient's treatment.

Signature of Owner/Agent: _____ Date: _____



We're Taking Care of Your Babies!

We invite you to participate in our online system. Features include:

- Confirm Appointments via Email
- Receive Text Message Appointment Reminders
- Receive Appointment Reminders via Email
- Receive Appointment Reminders via Automated Voice Call
- Submit Client Satisfaction Surveys
- Request Appointments Online
- Refer Your Friends Online

Please Specify Your Contact Preference:

- Rapport Emails Opt in Opt Out
- Rapport Text Messages Opt in Opt Out
- Rapport Voice Calls Opt in Opt Out

I agree to allow Avimark Rapport to contact me regarding my services via cell phone, home telephone, and/or email address I have provided.

Signature

Date

Social Media Release:

I hereby grant Alicia Pet Care Center permission to post my pet's picture, story, reason for visit and/or medical information on social media (Instagram, Twitter, Facebook, Snapchat).

Opt In

Opt Out

Signature

Date