



PACIFICA  
pet hospital

Tender loving care for your pet

## Welcome to PPH!

**Owner Contact Information** (Please list first and last names of ALL people authorized to charge on this account. If a person's name is not on this form they will NOT be allowed to make any changes. Please notify us immediately if the names on the account need to be changed.)

Owner One\*: \_\_\_\_\_

\*file will be listed under this last name

Owner Two: \_\_\_\_\_

Home Address: (street, apt #, city, state, zip) \_\_\_\_\_

Mailing Address: (if different than home) \_\_\_\_\_

Phone #'s (please include area codes)

Owner 1: Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Owner 2: Primary \_\_\_\_\_ Alternate \_\_\_\_\_

E-mail address \_\_\_\_\_

**Financial** (we accept cash, check, Visa, MC, AmEx, Discover, and CareCredit)

Owner 1: Social Security # \_\_\_\_\_ Drivers' License # \_\_\_\_\_

Owner 2: Social Security # \_\_\_\_\_ Drivers' License # \_\_\_\_\_

We collect SS# and DL# to alleviate future requests each time you pay by check.

### Emergency Contact Info:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### How did you hear about us?

Please include names when possible so we can thank the kind people who referred you!

FOR STAFF ONLY

INITIALS \_\_\_\_\_

\_\_\_ Friend/Family (Name \_\_\_\_\_)

\_\_\_ Staff Member (Name \_\_\_\_\_)

\_\_\_ Online (Please circle: Yelp, Google, Website, YP.Com, Facebook, other)

\_\_\_ Other Pet Professional (Please circle: Veterinarian, Dog Walker, Boarding Facility, Groomer, Trainer, Rescue Org)  
(Name \_\_\_\_\_)

\_\_\_ Advertisement (Circle all that apply: Pacifica Tribune, Chamber of Commerce, Half Moon Bay Review, Pink Spots, AT&T book)

\_\_\_ Don't remember / Don't wish to say \_\_\_ Other: \_\_\_\_\_



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## Welcome to PPH!

### Pet Information (Please list ALL pets in the household – let us know if you need extra paper!)

Name	Species <small>(Cat, dog, rabbit, etc)</small>	Breed	Color	Age or DOB	Sex	Fixed?

If your pets are microchipped, please list the pets' names & microchip numbers below

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### Vaccination Info:

Pet Name	Vaccine Given	Date Given	Date Due

### Financial & Vaccine Agreements:

We will gladly prepare a written estimate if you desire. This is important, since **all fees are due at the time services are rendered**. In certain cases of extensive medical or surgical procedures, when full payment might be difficult, we take Visa, Master Card, Discover, American Express and CareCredit. *(Our receptionists would be more than happy to help you sign up for Care Credit – just ask! It's a credit card specifically for health care expenses such as vets, dentists, etc.)*

We also accept several types of pet insurance. Ask the receptionists for more information, or see the brochures in our waiting room.

**By signing below you agree to pay the balance on your account in full at the time services are rendered. Please don't hesitate to ask if you wish to have a written estimate at any time.**

\_\_\_\_\_  
\*\*Signature of Responsible Owner

\_\_\_\_\_  
\*\*Date