



Tierrasanta Veterinary Hospital
 10799 Tierrasanta Blvd
 San Diego, CA 92124
 (858) 292 – 6116
 www.TierrasantaVetSD.com

Client (Pet Parent) Information

Date _____

Primary Contact Last Name _____

Primary Contact First Name _____

Secondary Contact Last Name _____

Secondary Contact First Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Secondary Phone _____

Email _____

Client (**owner**) Birthday _____ *Mandatory*
 Month/Day/Year

Pet Information

Pet Name	Species	Breed	Color	DOB	Sex	Altered
_____	_____	_____	_____	_____	M/F	Y/N
_____	_____	_____	_____	_____	M/F	Y/N

Please list additional pets on the back.

First pet	Second Pet
Microchipped? Y/N	Microchipped? Y/N

Please provide your signature as authorization to release/obtain vaccine information and medical records to or from other veterinary, grooming, or boarding facilities.

 X _____

Previous Veterinary Hospital Name&Phone number _____



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New Client & Pet Information

How did you hear about Tierrasanta Veterinary Hospital?

Check all that apply.

Google Search Yelp Facebook/Twitter Mailer Tierra Times Drove By

Client Referral _____

Special Event _____

Another Veterinary Hospital _____

Humane Society or other shelter _____

Other _____

Which 2 of the following are *most* important to you when choosing a veterinarian?

- | | | |
|--|---|----------------------------------|
| <input type="radio"/> Evening hours provided | <input type="radio"/> House calls available | <input type="radio"/> Reputation |
| <input type="radio"/> Low wait times | <input type="radio"/> Friendly and courteous staff and veterinarian | |
| <input type="radio"/> Convenient location | <input type="radio"/> Boarding available | |

Please sign here if you will allow Tierrasanta Veterinary Hospital to use your pets' photo for our promotional purposes (website, facebook, etc.)

 X _____

Professional fees are due at the time services are rendered.

We will always provide an estimate for you to approve prior to the services we give.

Thank you for choosing Tierrasanta Veterinary Hospital!

Simply Compassionate.



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Hospital Policies

The following list details some of our financial and medical policies. Please take a moment to familiarize yourself with them so that we can serve you better. If you have any questions regarding these or any of our special policies or practices, please feel free to discuss them with our Care Team.

- ❖ For their safety and the safety of others, we require that all pets be on leashes or in carriers.
- ❖ The staff will provide you an estimate prior to treating your pet. Please feel free to discuss fees in advance of treatment as all fees are due and payable at the time of service.
- ❖ A deposit of \$35.00 will be collected from all clients upon scheduling a doctor's exam, or \$100 when scheduling pricedures. This will be applied as a credit on your account and will be applied toward the exam or procedure when performed. If the exam or procedure is cancelled within 24 hrs the deposit cannot be refunded.
- ❖ Payment may be either **Cash, Check with Identification, Care Credit, Debit Card, Visa, Mastercard, American Express, or Discover.**
- ❖ A service charge of \$25.00 will be charged for any returned checks.
- ❖ A deposit is required for all boarding, hospitalized and/or surgical patients.
- ❖ All boarding and/or hospitalized pets must have proof of current vaccinations or have current titers. If proof is unavailable, they will be administered upon entry at our normal fees.
- ❖ If for any reason your account is turned over to collections, you are responsible for any and all fees associated with the collections process.
- ❖ All animals left in our care with no communications (written, verbal) from their owner will be considered abandoned after 14 days under the law section 1834.5.
- ❖ We do not have a staff member on premise throughout the night. In the majority of cases, this does not pose any undue risk to your pet. In cases where your pet is in need of 24 hour monitoring, we have access to multiple local emergency hospitals. Your pet may be transported at your request and at your expense if it is deemed necessary and/or if you prefer such care. Of course, you are responsible for the fees incurred in using such a facility and need to make payment arrangements with them directly.

I, _____ (print name) have read the policies put forth above and I understand them fully. I agree to adhere to these policies as a client of Tierrasanta Veterinary Hospital.

Signed: _____ Date: _____