

BERRYESSA

Veterinary Services
184 E. Grant Street
Winters, CA 95694
(530) 795-6090

CLIENT INFORMATION SHEET

OWNER INFO

Owner's Name _____

Spouse/Co-Owner: _____

Address: _____

City, Zip: _____ Home Phone: _____

Cell#/Name _____ Emergency Name/Phone: _____

What is the best time to reach you? Morning _____ Afternoon _____ Evening _____

Email Address: _____

Alternate Care Giver: _____

Alternate Phone Number _____

Employer: _____

Address _____ City, _____ Zip: _____

Work Phone: _____ May we call you at work? Yes ___ No _____

Driver's Lic. No. _____ Method of Payment: Cash ___ Check ___ Credit Card _____

Whom may we thank for your referral? _____

ANIMAL INFO (Please list other pets on other side of page)

Name _____

Species: _____ Breed: _____ Color _____

Sex: M ___ F ___ Altered Y ___ N ___ Age _____ Birth Date _____

Health Problems/Medications _____

Date of Last Vaccinations: _____

Previous Veterinarian: _____

PERMISSION TO TREAT, PAYMENT POLICY, ABANDONMENT

I hereby authorize Berryessa Veterinary Services to examine my animal and, after consultation with me, to prescribe for, treat, or perform surgery upon my animal. I understand that I assume financial responsibility for the balance of ALL services rendered on a cash, credit card, or check basis at the time of discharge.

I also agree that I, or an authorized agent of mine, will call for and arrange to pay for all accrued charges on my animal within 5 days after receiving written or oral notification that he/she is ready to be released from the hospital. I agree that unless other arrangements have been made, if I fail to comply with this policy Berryessa Veterinary Services may humanely dispose of my animal.

Signature of Owner/Agent _____

Date _____