



Animal Hospital of the Sierra
(559) 683-3313 • FAX (877) 369-4957
ahsierravet@gmail.com • www.ahs-vet.com

Office Use Only
Verified _____



Client Registration Form

Owner's Name _____ Spouse _____

Home Phone _____ Cell Phone _____ Fax Number _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Street Address (if different than mailing) _____

Email Address _____

Owner's Date of Birth ____/____/____ (Required in order to dispense meds for your pet)

Driver's License # _____ State _____

Employer's Name _____

Address _____ Phone _____

Spouse Employer _____ Phone _____

Address _____ Phone _____

Can we call you at work? Yes ____ No ____ Phone # to call regarding your pet _____

Who else may we call in case of an emergency _____ Phone _____

Previous Veterinarian where past records can be obtained if necessary:

Vet _____ City _____ State _____ Phone _____

How did you hear about us? Yellow Pages ____ Friend ____ Internet search ____ Other _____

Referred by _____

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF SERVICE AND THAT A DEPOSIT MAY BE REQUIRED FOR REQUIRING HOSPITALIZATION / TREATMENT. WE ACCEPT CHECKS, VISA, MASTERCARD, DISCOVER, DEBIT OR CARE CREDIT.

Signature of Pet Owner _____ Date _____