

**San Carlos Animal Hospital**  
**8618 Lake Murray Blvd. San Diego, Ca. 92119**  
**619-460-3100**  
[sancarlosrecords@gmail.com](mailto:sancarlosrecords@gmail.com)

***\*Welcome to San Carlos Animal Hospital. Thank you for giving us the opportunity to care for your pet\****

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # (please circle preferred) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address: \_\_\_\_\_ Drivers license#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
Spouse/Partner/Co-owner name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Patient Information**

Pet 1

Pet 2

Pet 3

Pet 4

|                   |       |       |       |       |
|-------------------|-------|-------|-------|-------|
| Name:             | _____ | _____ | _____ | _____ |
| Birth Date:       | _____ | _____ | _____ | _____ |
| Canine or feline: | _____ | _____ | _____ | _____ |
| Breed:            | _____ | _____ | _____ | _____ |
| Color:            | _____ | _____ | _____ | _____ |
| Male or Female:   | _____ | _____ | _____ | _____ |
| Spayed/Neutered:  | _____ | _____ | _____ | _____ |

If you have cats, do any of them go outside? \_\_\_\_\_

Do any of the above pets have any known allergies (medications, insect bites, food, vaccines)? If so, which one and please explain: \_\_\_\_\_

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**Please read carefully before signing**

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

I authorize San Carlos Animal Hospital to provide medical services for my pets.

I, the owner or authorizing agent of the patients described above, assume full responsibility for all charges incurred regardless of the outcome of the patients' treatment.

In the case of an emergency I authorize San Carlos Animal Hospital to start life-saving procedures.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_