



FRIENDLY ANIMAL HOSPITAL

6832 Edinger Avenue, Huntington Beach, CA 92647

Dr. Maria Medina, DVM | Dr. Efren Zuniga, DVM | Dr. Long Tran, DVM

Emergency Services, Low Cost Spays & Neuters, Vaccine Clinics, Grooming Services

Phone: (714) 845-5722 – Fax: (714) 845-5725 – Web: www.friendlyah.com – Email: office@friendlyah.com

*Thank you for giving us the opportunity to care for your pet(s).
So that we may be better acquainted, please fill this out completely.*

CLIENT INFORMATION

LAST NAME _____ FIRST NAME _____ SPOUSE NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
Have you had a change of address? Please mark below if you would like to update your address or if your address is still current. Change of address Current address
HOME PHONE () _____ CELL PH () _____ SPOUSE PH () _____
DRIVERS LICENSE # _____ STATE _____ DATE OF BIRTH ____/____/____
E-MAIL ADDRESS _____
ALTERNATE CONTACT NAME _____ PHONE NUMBER () _____

PET INFORMATION

NAME _____ SPECIES: canine / feline BREED _____
SEX: M F NEUTERED/SPAYED: Y N DOB/AGE _____ COLOR _____
MICROCHIP NUMBER _____ SPECIAL DIET(S) _____
MEDICAL CONDITION(S) _____
ALLERGY(S) _____
LONG TERM MEDICATION(S) _____
ANIMAL AGGRESSIVE: Y N PEOPLE AGGRESSIVE: Y N FOOD AGGRESSIVE: Y N

HOW DID YOU FIND OUT ABOUT OUR HOSPITAL?

Flyer/mailer Internet Search Engine Radio/TV Personal Reference Other _____

I declare that I am 18 years of age or older and I am the responsible owner of the above pet(s).

I hereby authorize the veterinarian(s) of Friendly Animal Hospital to examine my pet(s) in order to make medical judgments regarding the health of my pet(s), including the need of medical treatment. I authorize Friendly Animal Hospital and its staff to prescribe and/or administer medications and treatment as agreed upon. I assume responsibility for all charges incurred in the care of this animal. I understand these charges must be paid at the time of service. I understand that I have the right to ask for an estimate before any services are rendered.

In regards to forms of payment, we accept: Debit cards, credit cards (Visa, Mastercard, Discover), and cash.

***All cards must be signed by cardholder. ***

****We do not accept payment plans. ****

*****A full deposit will be required for all pets dropped off for treatment. *****

Notice: All medical records will be purged after 5 years from the last visit.

X _____

DATE ____/____/____