

**Office use only:**  
Client info checked   
Vaccine info entered   
Microchip # entered

## WELCOME TO BEST FRIENDS ANIMAL CLINIC

*“The Clinic with a Heart”*

Today's date: \_\_\_\_\_

### **Client Information:**

Owner's name (First, Last): \_\_\_\_\_,

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Co-Owner's or Emergency Contact: (First, Last name):  
\_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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### **Patient Information:**

**Pet's name:** \_\_\_\_\_ Gender: Male Female Neutered Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthdate or Approximate Age: \_\_\_\_\_

**Pet's name:** \_\_\_\_\_ Gender: Male Female Neutered Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthdate or Approximate Age: \_\_\_\_\_

***ALL PETS MUST REMAIN ON A LEASH OR IN A CARRIER WHEN VISITING THE CLINIC***

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.

Practice Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Best Friends Animal Clinic  
13895 Colfax Highway Grass Valley, CA 95945

