Trinity Pet Hospital
Client Information Sheet

24861 Alicia Parkway, Ste D, Laguna Hills, CA 92653
PH: (949) 768-1314 FAX: (949) 768-5125 www.affordablespays.com

*****Now offering Wellness Exams, Dental Cleaning & other Veterinary services*****

Client Information: **(If you are a previous client, enter only your name and pet information)**

Last Name: _____ **First Name:** _____

Address: _____ **Zip:** _____ **Home Phone:** _____

City: _____ **State:** _____ **Work Phone:** _____

Spouse/Co-Owner: _____ **Cell Phone:** _____

Email address: _____

***We're Sorry, NO CHECKS**

Cash/Credit/Debit Only.*

Please tell us how you found us?:

_____

How do you prefer to pay:

Cash__Credit/Debit__Care Credit__

Drivers License# _____ **ST**____
Expires_____

Patient Information

Pet's Name: _____ Birth date: _____ Age: _____ Sex: □ M Neuter □ F Spay

Breed: _____ Color: _____ Species: □ Cat □ Dog

Is your pet currently on any medications? □ No □ Yes _____

Has your pet been vaccinated? □ No □ Yes _____

Does your pet have any previous medical problems? □ No □ Yes _____

Any allergies, vaccine reactions, or drug reactions? □ No □ Yes _____

Vaccines have been an essential part of our pet's preventative health care program for many years. The purpose of a vaccine is to stimulate the pet's immune system, which is an inherently inflammatory process. It is therefore typical for some joint or muscle soreness to occur, lethargy to be observed, or a mild fever to be present for a day or two following vaccine administration. These reactions are not serious and generally go unnoticed. In general, no special precautions need to be taken- the animal can eat, drink, and exercise normally.

Some pets can have a more severe allergic reaction to vaccines. An allergic reaction is a highly individual inflammatory response against specific proteins entering the body. These proteins can be pollens, dusts, foods, medications, or even vaccines. An allergic reaction to a vaccine might include hives, facial swelling, and nausea. More serious reactions include shock or even sudden death can occur.

_____ (client initials) I have read and understand the above vaccination information.

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

I, the owner or authorizing agent of the patient describe above, assume full financial responsibility for all charges regardless of the outcome of the patient's treatment.

Signature of Owner/Agent: _____ Date: _____
Owner D.O.B_____