



TORREY HIGHLANDS

Pet Health Care Center

*Passion. Pets. Purpose.*

13350 Camino Del Sur, Suite 2

San Diego, CA 92129

Tel: 858-240-0051

www.torreyhighlandspethealthcarecenter.com

## Torrey Highlands Pet Health Care Center Patient Registration Form

### CLIENT INFORMATION

Owner Name:

\_\_\_\_\_

Last

First

Alternate Contact:

\_\_\_\_\_

Last

First

Home Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Primary Phone:

\_\_\_\_\_

Primary Cell Phone:

Alternate Phone:

\_\_\_\_\_

Primary Email:

Primary Driver's License:

\_\_\_\_\_

Expiration Date:

Primary DOB:

#### *How may we contact you?*

Telephone Which number do you prefer (Primary, Alternate, or Cell): \_\_\_\_\_

Text Message Please list preferred number (if more than one listed): \_\_\_\_\_

Email Please provide your email address: \_\_\_\_\_

#### *How did you hear about us?*

Drive by/signage     Social Media     Advertisement     Event: \_\_\_\_\_

Search Engine (Google, Yahoo!, Bing, etc.): \_\_\_\_\_     Website THPHCC

Personal recommendation Who may we thank? \_\_\_\_\_

Shelter recommendation Who may we thank? \_\_\_\_\_

Other Please specify: \_\_\_\_\_

*Please tell us about your pet(s).*

*For our records, we ask that you list every pet, even if they are not being seen today.*

## PATIENT INFORMATION

Pet's Name: \_\_\_\_\_ Male Female

Spayed / Neutered? Yes No Dog Cat Other: \_\_\_\_\_

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

Age/DOB: \_\_\_\_\_ Microchip# \_\_\_\_\_

Is your pet currently on a special diet or medication: \_\_\_\_\_

List any previous problems we should know about (i.e. surgery): \_\_\_\_\_

Please list any known drug allergies: \_\_\_\_\_

What is your pet's present problem(s): \_\_\_\_\_

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Pet's Name: \_\_\_\_\_ Male Female

Spayed / Neutered? Yes No Dog Cat Other: \_\_\_\_\_

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

Age/DOB: \_\_\_\_\_ Microchip# \_\_\_\_\_

Is your pet currently on a special diet or medication: \_\_\_\_\_

List any previous problems we should know about (i.e. surgery): \_\_\_\_\_

Please list any known drug allergies: \_\_\_\_\_

What is your pet's present problem(s): \_\_\_\_\_

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Pet's Name: \_\_\_\_\_ Male Female

Spayed / Neutered? Yes No Dog Cat Other: \_\_\_\_\_

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

Age/DOB: \_\_\_\_\_ Microchip# \_\_\_\_\_

Is your pet currently on a special diet or medication: \_\_\_\_\_

List any previous problems we should know about (i.e. surgery): \_\_\_\_\_

Please list any known drug allergies: \_\_\_\_\_

What is your pet's present problem(s): \_\_\_\_\_

## AUTHORIZATION

**RELEASE OF MEDICAL RECORDS:** By initialing below, you authorize Torrey Highlands Pet Health Care Center (THPHCC) to release your pet's medical records (including doctor's notes and lab results) when requested from pet insurance companies.

Do you authorize THPHCC to release your pet's medical records for insurance purposes/ veterinary specialist referral/ other veterinary hospital?    YES     NO     \_\_\_\_\_  
Owner's Initials

### **SOCIAL MEDIA:**

Do you consent to the use of images and/or video of your pet for social media purposes? (THPHCC Facebook/Instagram/Twitter)    YES     NO     \_\_\_\_\_  
Owner's Initials

**YOUR PET'S PREVIOUS RECORDS:** Upon your request, we will electronically add records from previous hospitals to your pet's medical file at THPHCC. Please give your records to a Customer Service Representative at the front desk, where they will be scanned and then returned to you.

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY:** This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered at the time of service. I'm also responsible for reasonable attorney's fees and costs of collection in the event of default. I further understand that if payment becomes 30 days past due, delinquency charges at the lesser of the annual rate of 18%, or the maximum allowable rate, will be due on delinquent amounts from the date the payment was due.

We accept the following debit/credit cards for your convenience: Visa, MasterCard, American Express, and Discover.

**NOTE:** THPHCC IS NOT A 24 HOUR HOSPITAL, so there may be times that animals are left on the premises unattended.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_