

**WELCOME TO CENTRAL MARIN CAT & EXOTIC HOSPITAL**

**Kenneth Bacon, D.V.M.**  
**Lynne Lankes, D.V.M.**

*CLIENT INFORMATION*

OWNER \_\_\_\_\_ TODAY'S DATE \_\_\_/\_\_\_/\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE(\_\_\_\_) \_\_\_\_\_ WORK PHONE(\_\_\_\_) \_\_\_\_\_  
CELL PHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
PLACE OF EMPLOYMENT \_\_\_\_\_  
DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIR. \_\_\_\_\_

CO-OWNER \_\_\_\_\_ CO-OWNERS PHONE (\_\_\_\_) \_\_\_\_\_

*PET INFORMATION*

PET'S NAME _____	2 <sup>ND</sup> PET _____
BREED _____	BREED _____
COLOR _____ SEX _____	COLOR _____ SEX _____
NEUTERED or SPAYED? YES/NO _____	NEUTERED or SPAYED? YES/NO _____
DATE of BIRTH or AGE _____	DATE of BIRTH or AGE _____

PREVIOUS VETERINARIAN(S) WHERE PAST RECORDS COULD BE OBTAINED IF NECESSARY  
\_\_\_\_\_

*HOW DID YOU HEAR ABOUT US?*

YELLOW PAGES (PAC BELL) \_\_\_\_\_ (GTE) \_\_\_\_\_ CLINIC SIGN \_\_\_\_\_ ANOTHER DVM \_\_\_\_\_  
PET STORE \_\_\_\_\_ PET DIRECTORY \_\_\_\_\_ OTHER \_\_\_\_\_

INDIVIDUAL WE MAY THANK? \_\_\_\_\_

I assume responsibility for all charges incurred in the care of this(these) animal(s). Should legal collection services be required, I agree to pay court costs and reasonable attorney's fees. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization or surgery.

SIGNATURE OF OWNER  
OR RESPONSIBLE PARTY \_\_\_\_\_

(MUST BE 18 YEARS OR OLDER)