

Welcome to Nichols Veterinary Care. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Spouse's Work Phone _____

Cell Phone _____ Email Address _____

Active Military/Police/Fire: Yes / No

How did you hear about us? Yellow Pages Internet Other _____
 Personal Recommendation (whom may we thank?) _____

Patient Information	Pet #1		Pet #2		Pet #3	
Name						
Breed						
Date of Birth						
Color						
Sex: (circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Rabies Vaccine Current?	Yes / No		Yes / No		Yes / No	
Has your pet ever bitten anyone?	Yes / No		Yes / No		Yes / No	
Any previous illnesses or surgeries?						
Taking any medications? (please list)						
Does your pet have a history of any medical problems? (please list)						

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet(s) described above. I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner or Agent

Date

Nichols Veterinary Care
 571 East Franklin Street, Suite C
 Monterey, CA 93940
 P: 831.372.2672

