



# WELCOME BACK TO OUR HOSPITAL

SUMMER HILLS VETERINARY HOSPITAL  
7912 Zenith Drive Citrus Heights, CA 95621  
[www.SummerHillsVet.com](http://www.SummerHillsVet.com)

## CLIENT INFORMATION

Date \_\_\_\_\_

OWNER: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Cell #: \_\_\_\_\_

Phone Cell #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Cell \_\_\_\_\_

### HOW DID YOU HEAR ABOUT OUR PRACTICE? Please check or fill in the blank

Drive or Walk by \_\_\_\_\_

Client Referral: Who? \_\_\_\_\_

Google from home? \_\_\_\_\_

Doctor Referral: Who? \_\_\_\_\_

Smart Phone \_\_\_\_\_

2<sup>nd</sup> OPINION \_\_\_\_\_

Our Website \_\_\_\_\_

SPCA/Rescue \_\_\_\_\_

Facebook \_\_\_\_\_

Group \_\_\_\_\_

Yelp \_\_\_\_\_

Phone Book -Which One? \_\_\_\_\_

Type of Payment : Cash \_\_\_\_\_ VISA/ Master \_\_\_\_\_ Debit Bank Card \_\_\_\_\_ Discover \_\_\_\_\_

CareCredit \_\_\_\_\_ Pet Insurance \_\_\_\_\_

### Upcoming appointments Reminders?

Text

Voice

Cell

Home

Email

Vaccines are biological agents intended to help prevent viral/bacterial diseases. Rarely an allergic reaction can occur - usually within an hour.  
Call us at 916-726-3001 or email us at [info@summerhillsvet.com](mailto:info@summerhillsvet.com) with any questions!

### PET INFORMATION How many Pets do you have? \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

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

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

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

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

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

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

Color: \_\_\_\_\_ Dog Cat Other

Color: \_\_\_\_\_ Dog Cat Other

Color: \_\_\_\_\_ Dog Cat Other

Male  Neutered  Female  Spayed

Male  Neutered  Female  Spayed

Male  Neutered  Female  Spayed

Current Meds: \_\_\_\_\_

Current Meds: \_\_\_\_\_

Current Meds: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

### AUTHORIZATION

I or We hereby authorize the Veterinarian to Examine, Prescribe for and to Treat the above described pet (s). I assume Full responsibility for all charges incurred for the care of the described animals in this confidential folder. I also understand that **ALL FEES ARE DUE AND PAYABLE AT THE TIME THE SERVICES ARE RENDERED AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL AND MEDICAL PROCEDURES.** Veterinary service during nighttime hours and /or weekends is provided at the discretion of the Veterinarian in charge. Continuous presence of personnel may not be provided during these hours. There may be times when no personnel are on the premises and no after hours emergency is available. We at Summer Hills Veterinary Hospital offer to give a written prescription to/for the patient that the patient that the patient/owner may elect to have filled at an outside pharmacy or by the prescriber (SHVH). Some medications are for animals only and can only be filled by a Veterinary hospital. Please note that the use of an outside pharmacy may delay in treating the patient.

**SIGNATURE OF OWNER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_