



# WELCOME TO OUR HOSPITAL

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

## CLIENT INFORMATION

OWNER: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Birth date: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Driver's License # \_\_\_\_\_  
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 \_\_\_\_\_  
Google from home? \_\_\_\_\_  
Smart Phone \_\_\_\_\_  
Our Website \_\_\_\_\_  
Facebook \_\_\_\_\_

Yelp \_\_\_\_\_  
Client Referral: Who? \_\_\_\_\_  
Doctor Referral: Who? \_\_\_\_\_  
2nd OPINION \_\_\_\_\_

How would you like to receive appointment reminders?

Text

Cell/Voice

Home

Vaccines are biological agents intended to help prevent viral/bacterial diseases. Rarely a  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. *Owner is responsible for all charges for pet services, including additional or future services herein listed. If owner fails to redeem pet when ready for discharge, any additional charges for care will be added to owner's charges. Outstanding balances are subject to current statement fees or monthly interest charges of 1 1/2 % (18 % APR) whichever is greater. Checks returned by the bank are subject to a \$ 75 servicing fee. Any non-active balance of 3 months or longer may be turned over to a collection service with an additional \$75.00 added and any other additional care costs which may have accrued. Any such owner turned over to collection may/or will have their credit adversely affected.*

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