



# Ocean Animal Clinic and The Cat Clinic of Santa Cruz

## 404 Ocean St · Santa Cruz · 831.429.5100



Small Animal, Bird, and Exotic Pet Care  
Medicine · Surgery · Dentistry

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

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name Middle

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about our hospital?     Hospital Sign     Yelp     Google     Facebook  
 Other \_\_\_\_\_     Personal Referral \_\_\_\_\_

I grant Ocean Animal Clinic permission to post my pet's picture and story on social media     Yes     No

	Pet 1	Pet 2	Pet 3
Pet's Name			
Species (dog, cat, bird, etc)			
Breed			
Color			
Birth date / Age			
Male / Female			
Neutered / Spayed			
Last Vaccination Date			
Current medications?			
Known Allergies?			
Past illnesses?			

Do you have records at another hospital?     Yes     No    Name of Hospital/Doctor: \_\_\_\_\_

### AUTHORIZATION

I hereby authorize the doctors of the Ocean Animal Clinic / Cat Clinic of Santa Cruz to examine, prescribe, and/or perform any necessary procedures, anesthesia, or surgery on the above mentioned pet. I agree to pay for all fees and medications at the times the services are rendered, or before discharge of a hospitalized pet. I understand that 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.

Signature of client responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	COMP:	16	17	18	19	20	21	22	CLIENT ID NUMBER:
---------------------	-------	----	----	----	----	----	----	----	-------------------