



8711 Sierra College Blvd, Suite 1  
Roseville, CA 95661  
916-774-6630

www.sierraranchvetclinic.com  
Fax 916-774-0238

---

## Welcome to Our Practice!

---

Thank you for choosing Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center to care for your pet(s), we strive to offer exceptional customer service and quality veterinary medicine. Please take a moment to read through and fill out the following information, this will allow us to add you and your pet(s) to our system. For questions please do not hesitate to ask.

---

### Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Additional Names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Additional Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*\*Your email address may be used by Sierra Ranch Veterinary Clinic to send promotional, reminder, and product information emails. Your email address will not be sold. If you decline emails from Sierra Ranch Veterinary Clinic and its affiliates please leave the above section blank.\*\**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Client D.O.B (used for medication dispensing): \_\_\_\_\_ Driver's License: \_\_\_\_\_

---

### Patient Information

1.) Pet Name: \_\_\_\_\_ Age/D.O.B: \_\_\_\_\_  
Color: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered(circle): YES NO

Microchipped(circle): YES NO

2.) Pet Name: \_\_\_\_\_ Age/D.O.B: \_\_\_\_\_  
Color: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered(circle): YES NO

Microchipped(circle): YES NO

## *Referral Information*

Please tell us how you heard about Sierra Ranch Veterinary Clinic: \_\_\_\_\_

If you were referred by a client/other facility please supply us with their name: \_\_\_\_\_

---

I \_\_\_\_\_ hereby authorize Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center to examine, prescribe for, treat, or perform surgery on my pet(s). I also consent to the administration of such anesthetics as are necessary.

I agree to pay fees for services rendered at the time of discharge from the hospital or when service is otherwise terminated. I agree to pay a deposit if needed at drop-off of no less than 50% of the estimate of service. Initials: \_\_\_\_\_

I authorize the sharing of veterinary medical information between veterinarians or facilities for the purpose of diagnostics or treatment of my pet who is the subject of the medical records.

Initials: \_\_\_\_\_

I further understand that Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center is **NOT** a 24-hour facility and that veterinary services or hospital attendants will **NOT** be providing care during night time hours. Initials: \_\_\_\_\_

I authorize the use of pictures of my pet(s) and/or myself for the purpose of social media advertisement, webpage, in-clinic information board and/or educational mailers for Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center. Initials: \_\_\_\_\_

If medical records for my pet(s) are needed from another veterinarian or veterinary facility I authorize Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center to obtain them on my behalf and have them transferred so that my pet's medical records are complete. Initials: \_\_\_\_\_

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

---

After your appointment today, please take a moment to review our facility on Facebook, your opinion is greatly appreciated! We can be found by going to [www.facebook.com](http://www.facebook.com) and searching Sierra Ranch Veterinary Clinic.

