



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

www.sierraranchvetclinic.com

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 fill out the following information so we can add you and your pet(s) to our system. Do not hesitate to ask if you have any questions.

Client Information

Last Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Your email address will not be sold. It may be used by us to send appointment reminders, electronic records, promotional, and product information.

DOB (to dispense controlled medications): _____ Driver's License: _____

Additional Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Pet Insurance: _____

How did you hear about us? _____

Patient Information

Pet Name: _____ Age/DOB: _____ Last Rabies Vaccine: _____

Dog Cat (check one) Breed: _____ Color: _____

Male Female (check one) Neutered/Spayed Intact (check one) Rabies

Pet Name: _____ Age/DOB: _____ Last Rabies Vaccine: _____

Dog Cat (check one) Breed: _____ Color: _____

Male Female (check one) Neutered/Spayed Intact (check one)



Initials

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 anesthetics as necessary.

Initial

I agree to pay fees for services rendered at the time of discharge from the facility 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.

Initial

I understand that my pet(s) need to be current on their rabies vaccination before any services are rendered.

Initial

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

Initial

I understand that Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center is **NOT** a 24-hour facility and that veterinary services and personnel will **NOT** be providing care during night time hours.

Initial

If medical records for my pet(s) are requested from another veterinarian, veterinary facility, rescue, or insurance company, I authorize Sierra Ranch Veterinary Clinic & Pet Rehabilitation Center to provide the records.

Initial

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

Initial

Signature: _____ Date: _____