



(760)727-5151
1680 S. Melrose Dr. Suite 104
Vista, California 92081

Paul R. Richieri, D.V.M., M.S.

OWNER #1 Mr Mrs Ms Last First **Co-Owner/ Spouse #2** Mr Mrs Ms Last First

Address Street City State Zip Code

Contact Numbers: Primary Phone Cell Phone #2 Work Phone #1 Work Phone #2

Employer #1 Employer Title Employer #2 Employer Title

E-mail Address To Receive Health Reminders (Office Use)

FOR CLIENT USE Pet Information								OFFICE USE ONLY Date of Last Vaccine				
Pet's Name	Species (Dog, Cat Other)	Breed	Color	Date of Birth	Sex	Altered Yes/No	Does Pet Have Microchip Yes/No	DHPP	Bord	Rabies	FVRCP	FeLV

List any known allergies (vaccine, drugs, other):
List all major previous medical problems:
Previous Veterinarian:

- All fees are due upon release of the patient.
- All check payments require two forms of identification. No out of state or first time client checks accepted.

How did you become aware of our hospital?
Internet Drive By Personal Recommendation – Whom? Other

Photo Release: I grant Melrose Veterinary Hospital the right to take photographs of me and/or my pet, and to copyright, use, and publish the same in print and/or electronically. I agree that Melrose Veterinary Hospital may use such photographs of me and/or my pet with or without my name and for a lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content. **Initial Here:**

It is our policy to provide you with an estimate of fees upon request for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required depending upon the amount of the estimate.

Office Use Only
 NCC

Clients Signature Date: