



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

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

OWNER NAME _____ Spouse/Other _____
Mr./Mrs./Dr./Ms. Last First Last(If Different) First

Address _____
Street City State Zip Code

Primary Phone _____ Cell Phone _____ Work Phone _____

Spouse's Cell Phone _____ Spouse's Work Phone _____

Place of Employment _____ Spouse's/Other's: _____
Employer Title Employer Title

How did you become aware of our hospital?

Internet Drive By Personal Recommendation – Whom? _____ Other _____

FOR CLIENT USE								OFFICE USE ONLY – PLEASE PROVIDE RECORDS				
Pet Information								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.

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

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 and 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:** _____