



**Clovis Pet Hospital**

733 Hoblitt Ave

Clovis, California 93612

(559)297-1222 - clovispethospital@gmail.com

**Owner's Name (First & Last):** \_\_\_\_\_

Driver's Liscence No. \_\_\_\_\_ D.O.B \_\_\_\_\_

Employer: \_\_\_\_\_

**Spouse / Co-Owner Name (First & Last):** \_\_\_\_\_

Driver's Liscence No. \_\_\_\_\_ D.O.B \_\_\_\_\_

Employer: \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do we have permission to post your animal on our social media pages? YES / NO (Circle One)

By signing below, I understand that payment is due at the time of service or when pet is released from the hospital. If other arrangements are necessary, please discuss it with the receptionist prior to treatment.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_