



160 Donahue St STE I
Marin City, California 94965
(415) 855-0504 - info@marincityanimal.com

New Patient / New Client

Client Information:

(Information below is required for dispensing of controlled substances)

Client's First and Last Name:

Street Address: City: Zip Code:
Owner's Date of Birth: Driver's License #:
E-mail Address:
Primary Cell Phone #: Home Phone #:
Co-Owner: Relation: Co-Owner Phone #:

Patient #1

Patient #2

Pet's Name: Pet's Name:
Color: Breed: Color: Breed:
Gender: Gender:
Birth Date OR Approximate Age: Birth Date OR Approximate Age:
Food Allergies/Vaccine Reactions: Food Allergies/Vaccine Reactions:
Previous History- Name of Vaccine Clinic or Hospital: Previous History- Name of Vaccine Clinic or Hospital:

*Record Sharing: If records are requested by another hospital, does MCAH have permission to share your pet's records?

Yes, I give permission Get in contact with me first

*Social Media Consent: I hereby give Marin City Animal Hospital permission to take photos and videos of my pet for the purpose of MCAH's social media accounts (Instagram and TikTok) and their website. I hereby release MCAH from any claims arising out of the use of photos used. In the aforementioned social media accounts and website, MCAH also has my permission to use my name and my pet's name for the purpose of the social media promotions. In signing this consent, I give authorization to use my name and my pet's name as selected below:

Only my pet's name(s) My pet's name(s) and my last name I do not give permission

Follow us back to stay in tune in all of our latest deals and hospital updates: @marincityanimalhospital

*How'd you hear about us?: We'd love to know!

Rabies Protocol: Please read! To help prevent the spread of infectious diseases, ALL patients must be current on all recommended vaccinations. California law requires that all dogs and cats be current on rabies vaccinations and veterinarians are advised to decline care if this is refused by the owner.

Terms of Service: I understand all the above information. I understand every effort will be made to achieve a successful outcome for my pet's care. An estimate of cost regarding doctor's recommended services will be provided post examination. Prior to this estimate, I give permission to perform and agree to pay for the examination. I understand that payment is due at the time of services and agree to pay for all recommended services upon approval.

Signature: Date: