



CANYON Animal Hospital

20372 Laguna Canyon Road • Laguna Beach, CA 92651
(949) 494-1076

Information for Medical Records

Name _____ Phone _____

Street _____ City _____ Zip _____

Employer _____ Phone _____

Spouse _____ Phone _____

Emergency Contact _____ Phone _____

Preferred Method of Payment: Cash () Check () Visa () Amex () Master () Disc ()
CC# _____ Exp Date _____

DL# _____

I understand that fees are to be paid at time of service. There is a \$25 return check fee.

Signature _____ Date _____

Pet Name			
Species	Cat/ Dog	Cat/ Dog	Cat/ Dog
Breeds			
Sex	Male/ Female	Male/ Female	Male/ Female
Neutered	YES/ No	Yes/ No	Yes/No
Birth Date			
Color			
Medications	Yes/No	Yes/No	Yes/No

Please give the veterinarian copies of your vaccine records. All vaccines need to be current at time of boarding. Thank you for your understanding.

Previous Information

Veterinarian _____ Clinic Name _____

Whom may we thank for your referral? _____