



Dr. Ryan Lefmann
www.ocmobilevet.com

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Client Information Form

Today's Date / /

Welcome! We would like to thank you for allowing us the opportunity to care for your pet! In order for us to better serve you and to meet your pets' specific needs, please take a few minutes to fill out this form.

Owner Information

Mrs. Mr. Ms. Dr.

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____)-_____ Work: (____)-_____ Cell: (____)-_____

Email: _____ Birthday: _____

Emergency Contact Name: _____ Phone Number: (____)-_____

How did you hear about us?

Saw us around town: Website: Yelp: Facebook: Recommendation: _____

Other: _____ If recommended, whom do we thank? _____

Number of Pets: Dogs: _____ Cats: _____ Other (Please Specify): _____

Reason for our visit today: _____

Pet Information

Name: _____ Dog: Cat: Other: _____

Breed: _____ Color: _____ Birthdate: _____

Male: Female: Spayed/neutered? Yes: No:

Does your pet have any allergies? Yes: No:

Has your pet ever had a reaction to any medications or vaccines? Yes: No:

If yes, to what medication or vaccine? _____



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Please list your pet's current medications: _____

Please list any major surgeries your pet has had: _____

Please list any behavior problems we need to be aware of: _____

Please describe your pet's diet: _____

Consent

Each examination, you will be presented with a treatment plan confirming authorization of specific treatment after a tentative diagnosis. The details of treatment, the risks of treatment, and/or the risk of not treating will be explained to you.

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described patient. I understand that payment is required at the time of service and assume responsibility for all charges incurred in the care of this animal.

Signature of Owner: _____ Date: _____

For your convenience, we accept MasterCard, Visa, American Express, cash, or check (with a valid driver's license). Please check your preferred method of payment:

Cash: ___ Check: ___ Debit/Credit ___