DRAKE CENTER
For Veterinary Care

For people whose pets are part of the family

195 N. El Camino Real
Encinitas, CA 92024
Tel: (760) 753-9393
Fax: (760) 753-0907
www.thedrakecenter.com

CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following information.

Pet owner's name: _____

Pet Owner's Date of Birth*:_____ *Required to dispense certain medications*

Spouse/co-owner's name:
_____

Mailing address:
_____

City: _____ State: _____ Zip: _____

Owner's Phone Number (*Main*)_____(*Co-Owner's Number*)_____
Previous veterinarian:
_____

❑   Telephone *Which number do you prefer (home, work or cell)?* _____
How may we contact you?
❑   Text message *Please list preferred number (if more than one listed):* _____

❑   Email   *Please provide your email address:* _____

How did you hear about us?

❑   Referral card   ❑   Drive by/signage   ❑   New homeowner letter

❑   Search engine (Google, Yahoo!, Bing, etc.) *Please specify*: _____

❑   Website (thedrakecenter.com, Facebook, Yelp, etc.) *Please specify*: _____

❑   Magazine *Please specify*: _____   ❑   Event *Please specify*: _____

❑   Personal recommendation *Who may we thank?* _____

❑   Shelter recommendation *Who may we thank?* _____

❑   Other *Please specify:* _____

(Please complete additional information on next page)

May we share photos of your pet on our website and/or social media pages (Facebook, Twitter, etc.)?

❑ Yes ❑ No

Name: _____ Species: _____ Breed: _____

Date of birth: _____ Color: _____ Sex: ❑ M ❑ F Spayed/Neutered: ❑ Yes ❑ No

Name: _____ Species: _____ Breed: _____

Date of birth: _____ Color: _____ Sex: ❑ M ❑ F Spayed/Neutered: ❑ Yes ❑ No

Name: _____ Species: _____ Breed: _____

Date of birth: _____ Color: _____ Sex: ❑ M ❑ F Spayed/Neutered: ❑ Yes ❑ No

Name: _____ Species: _____ Breed: _____

Date of birth: _____ Color: _____ Sex: ❑ M ❑ F Spayed/Neutered: ❑ Yes ❑ No

Name: _____ Species: _____ Breed: _____

Date of birth: _____ Color: _____ Sex: ❑ M ❑ F Spayed/Neutered: ❑ Yes ❑ No

Professional fees are due at the time services are provided. We offer Care Credit services as well as payment plans for those wishing to apply. Please let us know if you would like an application for either of these programs.

We accept the following credit cards for your convenience: Visa, MasterCard, American Express and Discover.

_____   _____

Signature of pet owner   Date