

 \mathcal{F} or 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:				
Spouse/co-owner's name:				
Mailing address:				
City:		State:	Zip:	
Telephone number: (<i>Home</i>)	_ (Work)		_(Cell)	
Previous veterinarian:				
How may we contact you?				
□ Telephone <i>Which number do you prefer (home, work or cell)?</i>				
☐ 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 □ Advertisement				
Event Please specify:				
☐ Search engine (Google, Yahoo!, Bing, etc.) <i>Please specify</i> :				
☐ Website (thedrakecenter.com, Facebook, Yelp, etc.) Please specify:				
☐ Personal recommendation <i>Who may we thank?</i>				
☐ Shelter recommendation <i>Who may we thank?</i>				
☐ Other <i>Please specify</i> :				

(Please complete additional information on next page)

May we share photos of	f your pet on our website and/o	or Facebook page?		
□ Yes □ No				
Please tell us about yo		ask that you list every pet, even if they are not being seen oday.		
Name:	Species:	Breed:		
Date of birth:	Color:	Sex: \square M \square F Spayed/Neutered: \square Yes \square No		
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Date of birth:	Color:	Sex: \square M \square F Spayed/Neutered: \square Yes \square No		
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Date of birth:	Color:	Sex: □ M □ F Spayed/Neutered: □ Yes □ No		
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Name:	Species:	Breed:		
Date of birth:	Color:	Sex: \square M \square F Spayed/Neutered: \square Yes \square No		
plans for those wishing grams.	to apply. Please let us know if	vided. We offer Care Credit services as well as payment you would like an application for either of these pro- ence: Visa, MasterCard, American Express and Discover.		
Signature of pet owner		Date		