

**Affordable Animal Hospital**

5858 E. Spring St.  
Long Beach, CA. 90815  
**(562) 421-8463**

Name: \_\_\_\_\_  
                                Last  First

Address: \_\_\_\_\_  
                                Street  City/State/Zip

Phone Number: \_\_\_\_\_ Emerg. Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Email Address: \_\_\_\_\_

**Pet Owners** Birthday: \_\_\_\_\_  
(Required by law when prescribing controlled drugs to your pet)

<u><b>Pet #1</b></u>	<u><b>Pet #2</b></u>
Name: _____	Name: _____
Age Or D.O.B: _____	Age Or D.O.B: _____
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
Breed: _____	Breed: _____
Color: _____	Color: _____
SEX: _____ Spayed/Neutered	SEX: _____ Spayed/Neutered
<u>Long Term Problems:</u> _____ _____ _____	<u>Long Term Problems:</u> _____ _____ _____