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www.petsreferralcenter.com

Please provide us with the following information about you and your pet. **PLEASE WRITE LEGIBLY** and answer all the questions below.

Date: _____ Time: _____

Owner/Agent: _____ Alternate contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone #: _____ Secondary Phone #: _____

Alternate Phone #: _____ *Owners Date of Birth: _____

*We are required by law to report all controlled substances that we dispense, along with the name and date of birth of the owner of the pet. Thank you!

Email Address: _____

Pet's name: _____ Species: Dog Cat

Age: _____ Sex: M F Breed: _____

Spayed/Neutered: Yes No Color: _____

Vaccinations within past year? Yes No

Who is your pet's regular veterinarian?

Clinic Name: _____

Dr. Name: _____

When you have completed this form please return it to the front desk. Thank you!