



GRAND PET CARE CENTER

1602 N. Grand Ave. Santa Ana, CA 92701

INFORMATION FOR MEDICAL RECORDS

PLEASE PRINT AND FILL OUT COMPLETELY – IT'S IMPORTANT TO YOUR PETS HEALTH

OWNER INFORMATION:

Name: _____ 2nd Name on Account: _____

Address: _____ City: _____ Zip: _____

1st Phone: _____ 2nd Phone: _____ Email: _____

PET HEALTH INFORMATION:

Pet (1) Name: _____ Pet (2): _____ Pet (3): _____

Breed: _____ Breed: _____ Breed: _____

Color: _____ Color: _____ Color: _____

Male or Female / Spayed or Neutered Male or Female / Spayed or Neutered Male or Female / Spayed or Neutered

Date of Birth: _____ Date of Birth: _____ Date of Birth: _____

HELPFUL INFORMATION:

Are you interested in which of these GRAND services we offer? (please check all that apply)

Pet Lodging/Boarding Veterinarian Services Pet Daycare Pet Spa/Grooming Pet Dental

How did you come to choose Grand Pet Care Center?

Referral Yelp! Facebook Website Television Radio Saw Sign Other: _____

FINANCIAL POLICY:

Full payment is due when services are rendered or inventory items are dispensed. We accept Cash, Sunbit, Care Credit, AMEX, Visa, MasterCard, and Discover.

GPCC requires a deposit of 50% of an estimate upon admission of a pet for non-routine procedures or surgeries and critical medical cases. The remaining balance will be due the day the pet is discharged.

SIGNATURE: X _____ **DATE:** _____

www.GrandPetCare.com



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