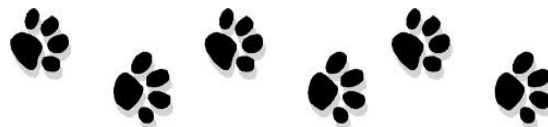


# Welcome to Veterinary Medical Center, Studio City



We are glad to have the opportunity to care for your pet.

To ensure your pet receives the best care we can offer, please fill out this form completely.

## Client Registration :

Client Name \_\_\_\_\_  
Last First

Home Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Additional Phone Numbers \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

How to you prefer to be contacted ?    Home   Cell   Work   Fax   Email

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State Zip

Preferred method of payment ?    Cash   Check   Visa/Master/Discover/Amex   Care Credit

Driver's License \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
(Person or Company)

Website    Yellow pages    Sign    Other \_\_\_\_\_

I authorize the following individual(s) to make treatment decisions and or add patients to my file.

Spouse/Co Owner \_\_\_\_\_  
Last First

Phone Numbers \_\_\_\_\_ Email \_\_\_\_\_

Additional Authorized Caregivers \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Email \_\_\_\_\_

I hereby authorize Veterinary Medical Center, Studio City its employees and/or representatives to render medical and/or surgical care for my pet(s) as deemed necessary by the veterinarian. I understand that payment for treatment, diagnostic test and/or surgery preformed is required in full upon discharge and I accept full financial responsibility. I understand that continuous care may not be provided during some evening/ weekend/holiday hours. I authorize VMCS to use photos of my pet(s) in ads/promotional items.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**www.VeterinaryMedicalCenter.com**