



# Beverly Hills Veterinary Associates, Inc.

## New Client Information Sheet

Today's Date \_\_\_\_\_

*Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following and bring with you upon your first visit:*

Mr.  
Owner(s)Mrs. \_\_\_\_\_

Dr. Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Ms.

Spouse/Roommate: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

Drivers License Number(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_  
Residence \_\_\_\_\_ Work \_\_\_\_\_ Spouse/Roommate \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

If necessary, may we contact you at work? \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

What is the best time to reach you at home? \_\_\_\_\_

How did you find out about our hospital?

Yellow Pages  Internet  Sign/Location

Other: \_\_\_\_\_

Is there someone we may thank for recommending our hospital to you?  
\_\_\_\_\_

**All fees are due when service is rendered or upon discharge from the hospital. Please indicate your choice of payment:**

Cash  Check  MC/VISA/DISCOVER

Please tell us if you would like information about our Care Credit payment plans: \_\_\_\_\_

Check one:  I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.  
 I want you to perform only the services that I request.

Check one: I prefer to be present in the room during my pet's treatment.  
 Yes  No

Phone: (248)-646-5655

e-mail: [beverlyhillsvets@sbcglobal.net](mailto:beverlyhillsvets@sbcglobal.net)

Fax: (248) 646-6735