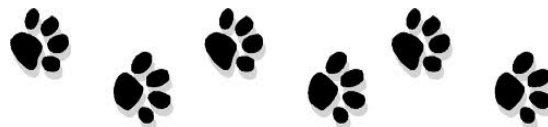


Welcome to Veterinary Medical Center, Studio City



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 performed 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

Patient Information:

Pets Name _____ Species _____ Breed _____

Age/Date of Birth _____ Color _____

Sex : Female Spayed Male Neutered

Microchip Information _____

Vaccine Information:

Canine

Feline

DHPP-C		FVRCP	
Rabies		Rabies	
Bordetella		FeLV	
Heartworm Test		FIV	
Rattlesnake			