CLIENT #

LIVERMORE VETERINARY HOSPITAL

2494 RAILROAD AVE. • LIVERMORE, CA 94550 • (925) 447-1420

PATIENT-CLIENT INFORMATION SHEET

HOSPITAL USE

PLEASE FILL OUT BELOW

☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16

Owners: _____ Spouse / Other _____

Address _____ Spouse / Other Work # _____

City _____ Cell _____

Zipcode _____ Pager _____

PHONE: Home _____

Work _____

Cell _____

Place of Employment _____ Address _____

Spouse / Other Place of Emp. _____ Address _____

CA Driver's License Number _____ Email _____

How did you hear about us? ☐ Friend ☐ Drive by ☐ Phone Book

☐ Other _____

ALL FEES ARE DUE UPON RELEASE OF PATIENT

As owner, or duly authorized agent of the owner, I hereby consent and authorize the staff of Livermore Veterineary Hospital to care for, treat, and/or anesthetize as you deem advisable in the performance of surgical or theraputic procedures you determine to be indicated on any animal presented by the above owner or authorized agent.
I understand that charges are made for services rendered, and that payment for such charges is due at the time they are rendered, or prior to discharge of the animal from the hospital.
Any animal not picked up within the time required by Section 1834 of the California Civil Code shall be deemed abandoned by the owner and will be disposed of according to Section 1834.5 and 1834.6 of the California Civil Code.

_____

Signature of Legal Owner or Responsible Person

EACH PET'S NAME	Dog	Cat	Other	BREED	Date of Birth (Mo./Yr)	COLOR	Male	Female	Date of Altering or Neutering (Mo./Yr)	Date of Last Rabies Vaccination (Mo./Yr)	Date of Last Distemper Vaccination (Mo./Yr)	Animal's Attitude Towards Veterinarian