lomita pet hospital

OFFICE USE
Account # .....
Initials ..... Date .....
Scanned ◯

CLIENT REGISTRATION

*Required to verify controlled drugs

Name	Date of Birth*
Address	City Zip Code
Home Phone	Cell Phone
Employer / Occupation	Work Phone
Email	I want special offers / newsletter via email ☐ Yes ☑ No
Spouse / Co-owner's Name	Cell Phone
Spouse / Co-owner's Employer	Work Phone
Spouse / Co-owner's Email	
Previous Veterinarian	

How did you hear about us? (please be specific) .....

.....

PET INFORMATION

We valzue your business and your privacy, all your information will be kept strictly confidential.

OFFICE USE Pet ID .....

Pet Name
Pet Birthday / Age
Pet is a ☐ Dog ☐ Cat ☐ Other .....
Breed Color
☐ Male ☐ Neutered ☐ Female ☐ Spayed
Microchip Number
Name of Pet Insurance

OFFICE USE Pet ID .....

Pet Name
Pet Birthday / Age
Pet is a ☐ Dog ☐ Cat ☐ Other .....
Breed Color
☐ Male ☐ Neutered ☐ Female ☐ Spayed
Microchip Number
Name of Pet Insurance

I, the undersigned owner, authorized owner's agent or good samaritan responsible for seeking veterinary care for the pet(s) identified above, certify that I am over 18 years of age.

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this pet. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for treatment.

I understand a staff member will prepare a treatment estimate describing the recommended medical services and that I am encouraged to discuss all treatments and fees before services are rendered. Although estimates cannot always predict actual costs, I agree to the written estimate of costs provided to me within a 25% range.

Signature of Owner	Date