

WELCOME TO PET MEDICAL CENTER

Thank you for giving us the opportunity to care for your pet. We look forward to providing you with quality, compassionate veterinary care.

OWNER'S INFORMATION:

Today's Date _____

Client Name: _____ Spouse/Other: _____

Last Name First Name

Address: _____ City: _____ Zip: _____ State: _____

Home Phone: _____ Cell: _____ Alt: _____

Drivers License Number: _____ State Issued: _____

(required for payments made by credit card or check)

Employer: _____ Work Phone: _____

Spouse's Employer: _____ Work Phone: _____

E-MAIL Address: _____ *This is for vaccination reminders, important health alerts and access to your own private pet health website. We will not share your email address with any other business.*

Alternative Emergency Contacts and Phone Numbers: _____

Name(s) of person(s) authorized to bring in pets for treatment in your absence and/or visit your pet(s) while in the hospital: _____

Current or Pre-Existing Medical Conditions: _____

Travel History (outside of Los Angeles): _____

Referred by: _____

PAYMENT POLICY

I agree to pay in full all fees due at the time services are rendered. We accept cash, checks and all major credit cards. **ALL CHECKS WILL BE RUN THROUGH TELECHECK.**

You may also choose to apply for Care Credit (a veterinary service credit card), an application can be provided to you upon your request. **WE CANNOT ACCEPT NON-IMPRINTED CHECKS, TEMPORARY CHECKS, CHECKS WITH A P.O. BOX ADDRESS, OR BUSINESS/DBA CHECKS.** If any account becomes delinquent, you may be held responsible for reasonable attorney fees, court costs, collection costs, billing fees, and interest at 1.5% per month. Your signature below indicates acceptance of financial responsibility for any and all services rendered.

SIGNATURE OF PERSON RESPONSIBLE FOR PET(S) _____

For office use only: Verification date _____	Verification date _____
Verification date _____	Verification date _____