LA CAÑADA PET CLINIC

AAHA ACCREDITED The Standard of Veterinary Excellence

1400 Foothill Bl. La Canada, Ca. 91011
Phone: (818) 790-1205 Fax: (818) 790-2721
www.lcpetclinic.com

CLIENT INFORMATION FORM

Accurate Medical Records are Critical. Please fill out completely.
Please Print.

Date: _____

Owner Name: Mr. Mrs. Ms. Dr. _____ Home Phone: (___)_____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Drivers License # _____ Cell Phone: (___)_____

Your Employer: _____ Work Phone: (___)_____

E-mail Address: _____ Spouse Name: _____

Spouse Cell: (___)_____ Spouse Work: (____)_____

How do you Prefer to Receive Reminders? (check one) U.S Mail _____ E-Mail _____

Other Then Those Listed Above Please Provide us an Emergency Contact:

Name: _____ Home Phone: (___)_____ Work: (___)_____

Payment Is Required At Time Service Is Rendered. We Are Unable To Bill.
A Deposit Maybe Required Upon Admission of Patient Into Hospital.
We Accept Cash, Personal Check, Visa, M/C, Discover and Care Credit.

_____
Owner's Signature

Animal Information

Dog or Cat (circle one)	Name	Breed	Sex	Fixed Yes or No	Age	Color	Vaccs Dates: DHLPP FELV FVRCP RABIES
Dog or Cat (circle one)	Name	Breed	Sex	Fixed Yes or No	Age	Color	Vaccs Dates: DHLPP FELV FVRCP RABIES

How did you learn about us: Yellow Pages Our Sign Referral Internet

Name of person Referring _____