Client Information Form

Veterinary Healthcare Center
241 West Pomona Blvd.
Monterey Park, CA 91754
(323) 890-9000
www.vhc.la

(All Information MUST Be Completed Before Accepting As A Client.)

CLIENT INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____ M.I.: ____

Date of Birth: _____ Last Four Digits of Social Security: _____
(Required for dispensing of certain controlled medications) *(Required if paying by check)*

Co-Owner: Last Name: _____ First Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____)_____ Cellular Phone: (_____)_____

Emergency Contact Name: _____ Phone: (_____)_____

E-mail Address: _____

Driver's License: _____ State: _____ Expiration: _____

Employer's Name: _____

Employer's Phone Number: (_____)_____ Extension: _____

Please indicate preferred type of payment: ☐Cash/Check ☐Visa/MC ☐Amex/Discover
How did you learn of our clinic? ☐Yellow Pages ☐Client ☐Walk-in ☐Yelp
Referred by: _____

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species				
Breed				
Date of Birth				
Color				
Spayed or Neutered?				
Male or Female?				
Rabies Vaccine Date				
Other Vaccinations?				

AUTHORIZATION

(Please Read Carefully)

I certify that I own the above described animal(s). I do hereby authorize Veterinary Healthcare Center and its staff to administer vaccinations, medications, tests, treatments, surgical procedures, and to hospitalize my pet if the doctors deem it necessary for the health, safety, or well-being of the above animal(s) while they are under their care and supervision. Except in dire emergencies all treatments and procedures will be discussed with me prior to implementation. I understand that Veterinary Healthcare Center does not offer 24 hour doctor care for their patients and that I may be required to transfer my pet to another facility if afterhours care is necessary. I also accept full financial responsibility and will pay for all procedures and treatments in full at the time the animal is discharged. I understand that my personal information will not be shared or sold to any third party and will be kept private. Lastly, I further agree that a finance charge of 1½% per month (18% per annual) minimum charge, but not limited to $5.00 shall be added to my account should my payment not be received on time. This authorization will remain in place for the life of the animal unless revoked in writing by the client.

Signature of Client: _____ Date: _____

Co-Owner Signature: _____ Date: _____

Receptionist's Initials: _____