

Client Information Form

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

Receptionist's Initials:

www.vhc.la

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

CLIENT INFORMATION (PLEASE PRINT)

Last Name (apellido):	Name (apellido):		First Name (primer nombre):	
Date of Birth (required for	r controlled substance):		
Driver's License:	S	tate of License	Expiration:	
Co-Owner: Last Name:		st Name:	Relation:	
Address:				
City:	s	tate:	Zip Code:	
Home Phone: ()_		Cellular Phone	: ()	
E-mail Address:				
Emergency Contact Name	2:	Phone:		
	<u>P/</u>	ATIENT INFORMATIO	<u>N</u>	
	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species				
Breed				
Date of Birth				
Color				
Spayed or Neutered?				
Male or Female?				
		AUTHORIZATION		
		(Please Read Carefully)		
vaccinations, medications, test	• •	•	erinary Healthcare Center and we my net if the doctors deem	
safety, or well-being of the ab		•	• •	•
			at Veterinary Healthcare Cent	=
doctor care for their patients	and that I may be required	to transfer my pet to ano	ther facility if afterhours care	is necessary. I also accept
full financial responsibility and r			the time the animal is dischar ked in writing by the client.	ged. This authorization will
Signature of Client:			Date:	_
Signature of Co-owner:			Date:	_