

VETERINARY MEDICAL CENTER, STUDIO CITY  
**REGISTRATION**

Please provide us with the following information so that we may provide you and your pet with the finest service possible.

Your Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Mr. Mrs. Ms. Dr. FIRST LAST  
Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  
Do you have: Pgr/Cel ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
How Do You Most Prefer To Be Contacted? Home Work Fax Pager E-mail  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Preferred Payment Method? Cash Check Visa Master Card  
Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
*If we are unable to reach you, who may we contact in case of emergency?*  
Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
*Do you authorize this person to make urgent treatment decisions if you are unreachable?*  
 YES  NO

How did you hear about us? (please mark all that apply)

Yellow Pages  Television  Vaccine Clinic  Saw Sign  Newspaper Article  
 Magazine (which one?) \_\_\_\_\_  
 Friend (who?) \_\_\_\_\_  
 Veterinarian (who?) \_\_\_\_\_  
 Pet Store / Groomer (who?) \_\_\_\_\_  
 Other \_\_\_\_\_

*I hereby authorize Veterinary Medical Center, Studio City its employees and/or representatives to render medical and surgical care for my pet(s) as deemed necessary by the veterinarian. I understand that payment for treatment, diagnostic tests and/or surgery performed is required in full upon discharge and I accept full financial responsibility.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide us the following information about your pet(s):

	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>	<b>Pet #4</b>
<b>Name</b>				
<b>Species</b>				
<b>Breed</b>				
<b>Sex</b>	<b>M F</b>	<b>M F</b>	<b>M F</b>	<b>M F</b>
<b>Date of Birth</b>				
<b>Neutered/Spayed?</b>	<b>Y N</b>	<b>Y N</b>	<b>Y N</b>	<b>Y N</b>
<b>Color</b>				
<b>Vaccines Due</b>				

Does your pet have any special conditions or needs of which we should be aware?  YES  NO

If yes, please explain:

Do you have any special needs, concerns, or attributes you would like to discuss?