



# Southern California Veterinary Hospital

5421 Topanga Canyon Blvd  
Woodland Hills, CA 91367

818-999-1290

\*Open 7 Days a Week\*

[www.socalvet.com](http://www.socalvet.com)

## Personal Information (Please Print)

Thank you for giving us the opportunity to care for your pet.  
So that we may better meet your needs, please complete the following:

Dr.  
 Mr.  
 Mrs.  
 Ms. Name \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Own  Rent

E-Mail Address \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Alternate contact \_\_\_\_\_  Spouse  Partner  Co-Owner  Other Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Payment Information

### PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

The undersigned acknowledges and certifies that in admitting their pet(s) for diagnostics, treatment, or surgery, they authorize the veterinarians of Southern California Veterinary Hospital, Inc., and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.

It is further understood that a deposit of 50% is required in many circumstances before services are performed and the undersigned assumes full financial responsibility for all charges incurred. It is also understood that these charges may exceed a given estimate if complications arise.

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

**We only accept Cash or Credit Cards for FIRST TIME CLIENTS. If you would like to pay by check in the future see below**

**In the future, I would like to pay by Check also. (Please provide driver's license information, may require manager approval).**

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

**We also offer payment plans through Care Credit and Wells Fargo. Please ask us for more information.**

## Pet Information

Male  Female

Male  Female

Pet's Name \_\_\_\_\_  Dog  Cat

Pet's Name \_\_\_\_\_  Dog  Cat

Breed \_\_\_\_\_  Spayed  Neutered

Breed \_\_\_\_\_  Spayed  Neutered

Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Vaccine History: \_\_\_\_\_

Vaccine History: \_\_\_\_\_

## Why Are You Here Today?

## How Did You Become Aware of Our Hospital?

Yellow Pages  Our Sign  Referring Veterinarian or Hospital  Our website [www.socalvet.com](http://www.socalvet.com)  Other

Personal Recommendation from \_\_\_\_\_

Have you been to a veterinarian before?  Yes  No If so, who \_\_\_\_\_ Reason for change \_\_\_\_\_

**NOTE: For the health of all our patients, all pets hospitalized or boarded must be current on all vaccinations and must be "flea free"**