



# WELCOME

3465 Overland Avenue

(310) 559-2424

Los Angeles, CA 90034

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

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take a moment to fill in this form completely. Thank you from all of us here at Overland Veterinary Clinic

## REGISTRATION

E-Mail: \_\_\_\_\_ Date \_\_\_\_\_

Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

## PET HEALTH HISTORY

Name of pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday \_\_\_\_\_

Male  Neutered  Female  Spayed

Microchip Number: \_\_\_\_\_ & Company \_\_\_\_\_

Vaccination History: (Please include dates)

DHLPPC/FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ FIP/Corona \_\_\_\_\_ FELV/Parvo \_\_\_\_\_ FIV/Bordetella \_\_\_\_\_

Medical History / Pre-Existing Condition History: \_\_\_\_\_

Pet's Current Medication \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume full responsibility for all the charges incurred in the care of this animal. I also understand that these charges will be paid at the same time of release and that a deposit may be required for surgical treatment. I understand that my credit card number on file will be charged for any outstanding balance I may have at Overland Vet Clinic.

Please included a credit Card for our files:  Visa  M/C  Discover  American Express

CREDIT CARD NUMBER: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV # \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_