



# WELCOME



3465 OVERLAND AVENUE

PH: 310-559-2424

FAX: 310-559-2444

LOS ANGELES, CA 90034

Thank you for giving us the opportunity to care for your pet. We'll 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 Veterinarian Clinic

## REGISTRATION

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

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

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

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

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 \_\_\_\_\_ LEPTO \_\_\_\_\_ CIV \_\_\_\_\_ 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 IF my credit card number is obtained on file, it will be charged for any outstanding balance I may have at Overland Vet Clinic.

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