

VCA Advanced Veterinary Care Center

Specialty & Emergency

15926 Hawthorne Blvd., Lawndale, CA 90260

P 310-542-8018 avcccla@vca.com

Client Information Sheet

Date: _____

Client Information:

Title (check one): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Owner(s) Name _____
LAST FIRST M.I.

Spouse/Other _____

Home Address _____
STREET APT # CITY ZIP

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

E-mail address _____

Pet Information:

Pet Name _____ ☐ Dog ☐ Cat ☐ Other _____ Breed _____

Sex _____ Spay/Neutered ☐ Yes ☐ No D.O.B. _____ Color _____

Is your pet current on vaccinations? ☐ Yes ☐ No

Primary Veterinarian _____ Phone _____

Hospital Name _____

Referring Veterinarian _____ Phone _____

Hospital Name _____

I would like my pet's records faxed to (check all that apply):

☐ Primary Veterinarian ☐ Referring Veterinarian ☐ Other _____

Does your pet exhibit any behavioral problems that may pose a risk to our doctors or technical staff?

☐ Yes ☐ No If yes, please explain _____

Driver's License No. _____ Expires _____ State _____

I understand that I am financially responsible for all charges for services rendered. I agree in the event of non-payment to bear the costs of finance charges at the rate of 1% per month, the costs of all collection and/or court costs and legal fees, should this be required.

Signature of responsible owner _____
or agent (18 years or older)

