



3430 Fujita Street, Torrance CA 90505 Tel: 310-530-5511 Fax: 530-8650  
 Mon - Fri 7 am-7 pm Sat 8 am-4 pm Sun 1-4 pm for pick up only

### NEW CLIENT REGISTRATION FORM

Owner Name:		Email:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Employer:		Work Phone:	
Driver's License:		SS#:	
Spouse Name:		Email:	
Cell Phone:	Employer:	Work Phone:	
Emergency Contact:		Emergency Contact Phone:	

Pet Name:		Weight:	
Species: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>			
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Neutered/Spayed? <input type="checkbox"/>	
Breed:	Color:	DOB: / /	Chip/Tattoo #:

2 <sup>nd</sup> Pet Name:		Weight:	
Species: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>			
Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Neutered/Spayed? <input type="checkbox"/>	
Breed:	Color:	DOB: / /	Chip/Tattoo #:

Previous Veterinary Clinic:	
Doctor:	Phone:
May we contact your prior vet to have your pet's records transferred?	

I authorize Plaza Del Amo Animal Hospital to provide medical, surgical, and dental care for my pet. I consent to the administration of anesthetics as necessary.

I understand and agree that it is the policy of Plaza Del Amo Animal Hospital to receive payment at the time services are rendered. I also agree that a deposit payment will be required if my pet has to be admitted to the hospital.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_