SEPULVEDA ANIMAL HOSPITAL - NEW CLIENT REGISTRATION FORM

Client's LAST Name:	Client's FIRST Name:								
CDL# Employer:									
Address:	Apt: City:	State: Zip:							
Primary #	_ Cell # W	Work Phone #							
Co-owner First Name: Co-owner's Last Name:									
Co-owner's Cell Phone # Co-Owner's Work Phone:									
We may send your pet's vaccine reminders and seasonal specials via e-mail (no more than 4 total emails per pet, per year). Please list one email account that we may send those important communications to. Please print clearly. Email Address:									
Alternate Emergency Contact we may call when the Owner / Co-owner cannot be reached (pet sitter, friend, family member)									
Name: Relationship: Phone Number:									
How did you find us? Referred by friend/family. Name:									
Pet Name: Dog Cat Circle One: Dog Cat Breed:	Pet Name:	Pet Name:							

• Sepulveda Animal Hospital does not bill for services. Professional fees are due at the time services are rendered.

• **<u>We do not accept</u>: Check or Care Credit**

• Continuous presence of personnel may not be provided during nighttime hours /some daytime hours and/or weekends.

• State laws prohibit us from prescribing / dispensing / refilling medications without current physical knowledge of your pet's health (recent exam). Certain pain medications (classified as "controlled drugs") require a CURES form to be filled out.

Client Signature:			Date:			I am over 18: Y N	
For office use:	2024	2025	2026	2027	2028	2029	2030