LIVERMORE VETERINARY HOSPITAL

2492 RAILROAD AVE. • LIVERMORE, CA 94550 • (925) 447-1420

PATIENT-CLIENT INFORMATION SHEET

CLIENT #

HOSPITAL USE

☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

PLEASE FILL OUT BELOW:

Owners: _____ Spouse / Other _____

First Last First Last

Address _____

City _____

Zip Code _____

PHONE: Home _____ Spouse / Other Work # _____

Work _____ Cell _____

Cell _____ Pager _____

Place of Employment _____ Address _____

Spouse / Other Place of Emp. _____ Address _____

California Driver's License Number _____

ALL FEES ARE DUE UPON RELEASE OF PATIENT.

As owner, or duly authorized agent of the owner, I hereby consent and authorize the staff of the **Livermore Veterinary Hospital** to care for, treat, and /or anesthetize as you deem advisable in the performance of surgical or therapeutic procedures you determine to be indicated on any animal presented by the above owner or authorized agent.

I understand that charges are made for services rendered, and that payment for such charges is due at the time they are rendered, or prior to discharge of the animal from the hospital.

Any animal not picked up within the time required by Section 1834 of the California Civil Code shall be deemed abandoned by the owner and will be disposed of according to Section 1834.5 and 1834.6 of the California Civil Code.

_____

Signature of Legal Owner or Responsible Person

Pet Information

EACH PET'S NAME	Dog	Cat	Other	BREED	Date of Birth (Mo./Yr.)	COLOR	Male	Female	Date of Altering or Neutering (Mo./Yr.)	Date of Last Rabies Vaccination (Mo./Yr.)	Date of Last Distemper Vaccination (Mo./Yr.)	Animals Attitude Towards Veterinarian