



1534 14<sup>th</sup> Street  
Santa Monica, CA 90404  
www.petmedical.com  
Phone:(310) 393-8218 Fax:(310)393-8198

### New Client Information Sheet

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Whom do we have to thank for this referral? \_\_\_\_\_

If you found us on the internet, where? Google Yelp Yahoo Other

#### **Would you like to be on our e-mail list?**

By giving us your email address, you will receive product and service special information, discounts, and our e-newsletter. You'll also get email reminders for exams and vaccines. You'll also be able to access your pet's medical records online and be able to order from our online store. Santa Monica Pet Medical Center does not release these addresses to anyone.

Your E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

#### **Would you like your pet to be famous? Let us post their picture on our social media!**

*I grant permission to Santa Monica Pet Medical Center, its employees and authorized representatives to take photographs and/or video of my pet(s), to copyright, use, and publish the same in print and/or electronically. I agree that Santa Monica Pet Medical Center may use such photographs, videos, and stories including my pet without our names and for any lawful purpose, including, for example, such purposes as social media, publicity, advertising, and other Web content.*

\_\_\_\_\_  
Signature

**Patient Information**

**Name:** \_\_\_\_\_ **Species:** CAT DOG  
**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ Spayed Neutered  
**Color:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Vaccine Dates**

<b>Feline:</b> Indoor Outdoor	<b>Canine:</b>
Rabies _____	Rabies _____
FVRCP _____	DHLPP _____
Leukemia _____	Bordetella _____
	Influenza _____
	Lyme's _____

**Describe any previous or ongoing medical issues**

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**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ Spayed/Neutered  
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\_\_\_\_\_ **CHECKED IN BY**