



# WELCOME TO LATHROP VETERINARY CENTER!

17600 Golden Valley Parkway

Lathrop, CA 95330

To better serve you and your pet's needs, please fill out the following information as accurately as possible.

### **Client Information:**

Primary Decision Maker(s) (names): \_\_\_\_\_ Client DOB: \_\_\_\_\_

Other individuals authorized to make medical decision: \_\_\_\_\_

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

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

How did you hear about us? \_\_\_\_\_

Available phone numbers

Whom should we ask for

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like reminders sent via email, please supply us with the best email address:

\_\_\_\_\_

### **Pet Information:**

Pet's Name      Breed      Color      Age or Birth date      Male/Female      Fixed?

| Pet's Name | Breed | Color | Age or Birth date | Male/Female | Fixed? |
|------------|-------|-------|-------------------|-------------|--------|
|            |       |       |                   |             |        |
|            |       |       |                   |             |        |
|            |       |       |                   |             |        |

### **Payment Options:**

- Cash**     **Credit Card(American Express/Visa/MasterCard)**     **Care Credit**  
 **Debit Card**

**Please check the box next to the payment method you prefer.** You will not have to use that method with every visit. Your signature below indicates you understand that: **PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED. WE ACCEPT ONLY THE ABOVE FORMS OF PAYMENT. WE DO NOT BILL AND DO NOT TAKE OR HOLD CHECKS.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form the client is aware that there is no overnight staff on premise.