



pacific palisades veterinary center

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## New Client Registration Form

### Client Information:

### Date:

Owner: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

### How would you like to be contacted:

Phone:\_\_\_ Text:\_\_\_ Email:\_\_\_ Cell:\_\_\_ Work:\_\_\_

### Referred By: (please check):

Yelp\_\_\_ Social Media\_\_\_\_\_ Friend(name)\_\_\_\_\_ Flyer/Postcard\_\_\_  
Veterinarian/Staff Member\_\_\_ Saw your sign\_\_\_ Pet Store\_\_\_\_\_ Other\_\_\_\_\_

### Patient/ Pet Information:

Name:	Species:	Breed:	Sex:	Color:	D.O.B/Est. Age:	Microchip #
			M F	Neutered Spayed		

### Additional Patients' Information:

Name:	Species:	Breed:	Sex:	Color:	D.O.B/Est. Age:	Microchip #
			M F	Neutered Spayed		
			M F	Neutered Spayed		
			M F	Neutered Spayed		

**\*\*Due to Federal Law any & all prescriptions cannot be prescribed nor dispensed unless the Patient has been examined by a Doctor at this facility within a year (365 days)\*\* Professional fees are to be paid at the time they are rendered.**

\_\_\_\_\_  
Signature of Owner or \*Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admitting Staff

If you would like to keep a credit card on file, please inform the Front Office Staff!

\*Responsible party must be over 18 years of age\*