

DIAMOND BAR



VETERINARY CLINIC

WELCOME

Thank you for choosing to become a family member of
Diamond Bar Veterinary Clinic!

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form. Thank you!

CLIENT

Last name: _____

First name: _____

Address: _____

Zip: _____

Phone Home: _____

City: _____ State: _____

Work: _____ Cell: _____

Email: _____

Spouse Name: _____

Spouse Cell: _____

PATIENT

Name: _____

Species: Canine Feline

Breed: _____ Mixed

Color: _____

Age _____ Sex: Male Female

Birthdate: _____

Neutered Spayed

Microchip Insurance: _____

Known allergy: _____

Reason for visit: _____

Pet's current medications: _____

❖ I Hereby authorize the veterinarian to examine, prescribed for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____