



Beverly Hills Veterinary Associates, Inc.

New Client Information Sheet

Today's Date _____

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following and bring with you upon your first visit:

Mr.
Owner(s) Mrs. _____

Dr. Last _____ First _____ Initial _____

Ms.

Spouse/Roommate: _____
Last _____ First _____ Initial _____

Social Security Number(s): _____

Drivers License Number(s): _____

Address: _____

Phone Number: _____
Residence _____ Work _____ Spouse/Roommate _____

Cell Phone: _____ Employer's Phone: _____

If necessary, may we contact you at work? _____ Fax No.: _____

E-Mail: _____

What is the best time to reach you at home? _____

How did you find out about our hospital?

Yellow Pages Internet Sign/Location

Other: _____

Is there someone we may thank for recommending our hospital to you?

All fees are due when service is rendered or upon discharge from the hospital. Please indicate your choice of payment:

Cash Check MC/VISA/DISCOVER

Please tell us if you would like information about our Care Credit payment plans: _____

Check one: I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
 I want you to perform only the services that I request.

Check one: I prefer to be present in the room during my pet's treatment.
 Yes No