



*So that we may become better acquainted,
please complete both pages of the following information.*

Primary Contact Information:

NOTE: Click with mouse to check mark any boxes.

Full Name:

Address: *(if P.O. Box, also list physical address)*

City:

State:

**Zip
Code:**

Email:

Cell Ph:

Home Ph:

Work Ph:

Check box for the phone number that we should consider the main/best number.

Primary client's driver license number:

(required if paying by check or credit card)

Primary client's birthdate:

____ / ____ / ____

(required to dispense certain medications, per federal regulation)

Receiving Appointment Reminders:

Check (ONE) box to choose your preference

Phone Call

Email

Text (SMS)

Other Authorized Contact Information:

Full Name:

Email:

Cell Ph:

Home Ph:

Work Ph:

Check box for the phone number that we should consider this person's main contact number.

Your Pet's Information:

Patient Name:

Age or DOB:

Sex:

Spayed or Neutered?

Male

Yes

Female

No

Species: Canine Feline Other, *if other specify:* _____

Breed:

Color:

Your Pet's Veterinarian Information:

Doctor Name:

Hospital Name:

Are there any other veterinarians you would like us to update? No If yes, please list their name and associated hospital below.
Yes

Doctor:

Hospital:

Doctor:

Hospital:

How did you hear about Veterinary Cancer Group?

(please check boxes that apply)

Veterinarian

Name:

Relative/Friend

Name
(optional):

Social Media (Facebook, etc.)

Specify:

Internet/Website

Specify:

Yelp

Other

Specify:

Social Media:

Do we have your permission to share pictures and stories of your pet on Veterinary Cancer Group's social media pages?
(please check box) **YES** **NO**

The information given above is correct to the best of my knowledge, and I understand that I am responsible for the full payment of services at the time they are provided.

Signature:

Date:

Typing in your name is acceptable for signing this document

Cancellation Policy:

Please understand that when you forget your appointment or reschedule with minimal notice, we miss the opportunity to see other patients who need us. Because of this, we require 24 hours' notice to reschedule appointments.

Thank you for giving us the opportunity to care for your pet.

<p>Los Angeles Culver City Phone 310-558-6120 Fax 310-558-6121 la.info@vetcancergroup.com Monday - Sunday</p>	<p>Orange County Tustin Phone 949-552-8274 Fax 949-936-0086 oc.info@vetcancergroup.com Monday - Saturday</p>	<p>San Fernando Valley Woodland Hills Phone 818-888-6882 Fax 818-436-0456 sfv.info@vetcancergroup.com Monday - Friday</p>	<p>South Bay Torrance Phone 310-693-5890 Fax 310-693-5899 sb.info@vetcancergroup.com Wednesday - Saturday</p>
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