



SOUTHERN CALIFORNIA  
VETERINARY-IMAGING

### New Client Information

Primary client's name: \_\_\_\_\_

Secondary client's name: \_\_\_\_\_

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

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

Cell: Mr. /Mrs. /Ms. (\_\_\_\_) \_\_\_\_\_ Cell: Mr. /Mrs. /Ms. (\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ which is your best contact number? \_\_\_\_\_

E-mail address: \_\_\_\_\_ (Email address won't be sold or used for any marketing purposes)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Client's driver license number: \_\_\_\_\_ (required if paying by check or credit card)

\*we accept cash, checks, Visa, MasterCard, American Express, Discover, Care Credit, and Wells Fargo Health Advantage\*

### Patient Information

Patient's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Species: Canine / Feline Age/birthdate: \_\_\_\_\_ Color: \_\_\_\_\_

Gender: male / female Is your pet spayed or neutered? \_\_\_\_\_

Any allergies? \_\_\_\_\_ If yes, what? \_\_\_\_\_

What is the name of your regular veterinarian and clinic? \_\_\_\_\_

Are there any other veterinarians you would like us to update? \_\_\_\_\_

Have you been to City of Angels before? \_\_\_\_\_ Which Doctor or Practice? \_\_\_\_\_

Who referred you to Southern California Veterinary Imaging? \_\_\_\_\_

*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: \_\_\_\_\_