



LA CENTRAL animal hospital

220 W. AVE 26 LOS ANGELES, CA 90031 (323) 225-4228 FAX: (323) 225-1268

New Client Information

Owner's information:

Owner's Name: _____
Last First

Address: _____
Street City/State Zip

Home Phone: _____ Cellular # _____ Work # _____

Preferred method of contact: Home Phone Cellular Phone Work Phone

Email Address: _____ @ _____

The information requested below is for the DEA. If your pet is prescribed any scheduled drug we must report information to the DEA: Owners full information and pets information and what type of drug was dispensed. You may choose to skip this section until your pet is prescribed a scheduled medication.

Owner's Driver's License Number: _____ Owner's Date of Birth: _____

Alternate Contact: This person will also have FULL authority to make decisions and will be the alternate designated agent for the below pet(s)

Last, First Name		Phone Number					
Pet(s) Information:	Pet #1		Pet #2		Pet #3		
Pet's Name							
Date of Birth							
Species	Canine	Feline	Canine	Feline	Canine	Feline	
Breed							
Color/Markings							
Sex	Male	Female	Male	Female	Male	Female	
Altered	Yes	NO	Yes	NO	Yes	NO	
Current Medications							
Allergies							
Diet							

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above. I also hereby give Dr. Bandele of LA Central Animal Hospital and his employees or representatives, full and complete authority to treat and or perform surgical procedures of the said animal in whatever manner they shall deem appropriate ethically or professionally and will not be held responsible for the results of cure or survival of my pet.

Any pet not picked up within the time required by Sec. 1834.5 of the California Civil Code shall be deemed abandoned by the owner and will be disposed of according to Sec. 1835.5 of the California Civil Code.

A 75% deposit is REQUIRED before I leave my pet for any treatment or surgical procedure. All other fees will be due upon release of my pet.

I have read and fully understand the statements above and agree.

Signature: _____ Date: _____