



**Sherman Oaks
Veterinary Group**

CLIENT INFORMATION FORM

DATE _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE # () _____ OTHER PHONE # () _____

EMAIL ADDRESS _____

SOC. SEC. # _____ DRIVER'S LIC. # _____ STATE _____ BIRTHDATE _____

EMPLOYMENT INFORMATION:

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE () _____

SPOUSE INFORMATION

NAME OF SPOUSE _____ WORK # () _____

EMPLOYER/ADDRESS _____ CITY _____ ZIP _____

IN CASE OF EMERGENCY— CONTACT (other than spouse)

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ BUS. PHONE () _____

REFERRAL INFORMATION

NAME OF REFERRING PARTY _____ PHONE () _____

PREVIOUS VETERINARIAN _____ PHONE () _____

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY: This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and costs of collection in the event of default. I further understand that if payment becomes 30 days past due, interest charges at the annual rate of 18% will be charged. Any unpaid balance will be charged to the credit card on file. I understand that there will be a \$25 fee on all returned checks. I understand that twenty-four hour observation of animals left for boarding, treatment or surgery is not provided. However, they may be examined and treated at the veterinarian's discretion and direction.

SIGNATURE _____ DATE _____