

Welcome to the Tarzana Pet Clinic

Phone #: (818) 342-3142

Fax #: (818) 342-3158

Your Information

Owner's Name: _____

Address (Street): _____

(City): _____ ZIP: _____

Home Tel #: _____ Work # _____

Cell-Pager#: _____ FAX # _____

E-Mail: _____ Owner's Birthday: _____

Credit Card #: _____ (optional) Exp Date: _____

Referred by (First & Last Name): _____

Or Other _____

Your Pet's Information

Pet's Name: _____ Breed _____ Breed _____

Male Female Spayed/Neutered D.O.B: _____ Color _____

Microchip I.D. Number (If Applicable): _____

Present Diet: _____ Flea Control _____

Are there any relevant medical conditions? YES NO

MY PET IS:

100% Indoors Mostly outdoors Inside & outside in yard Free roaming

Dog Park Frequent walks Boarding Kennels Groomed

I understand that as with any medicine, vaccines can have rare but serious side effects. The Tarzana Pet Clinic recommends fully protecting your pet based on his/her lifestyle. I also understand that payment is required for the professional services when they are rendered. **A deposit and current vaccines are necessary for all pets admitted into this clinic.** I further understand that medical staff may not be on duty 24 hours a day.

Signature _____ Date ____/____/____