

Long Beach Animal Hospital Registration

Your Name _____ Spouse/Partner _____

Home Address _____ Apt # _____

City _____ State _____ ZIP _____

Home Phone () _____ - _____ Work Phone () _____ - _____

Partner Phone () _____ - _____ E-Mail _____

Employer _____ Occupation _____

Work Address _____ City _____ ZIP _____

Drivers License Number _____ State _____ Expiration Date _____

Birthdate _____ Social Security Number _____

Emergency Contact Name _____ Relationship _____

Phone () _____ - _____ Are they authorized to make treatment decisions? Yes No

How did you first hear about us ? _____

	Pet # 1	Pet # 2
Name		
Species		
Breed		
Sex		
Birthdate		
Neutered		
Color		
Vaccines Due		
Special Concerns		

I hereby authorize the Long Beach Animal Hospital to render surgical and medical care for my pet(s). I agree to pay for services in full when rendered, and that a deposit is required before treatment can be initiated.

Signature _____ Date _____