



the
PET DOCTORS
of **SHERMAN OAKS**

Client Registration Form

Owner: Last Name _____ First Name _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date Of Birth: _____ Email: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? Friend/Other Name: _____

Internet: Google _____ Yelp _____ Yahoo _____ Yellow Pages _____ Other _____

Location: _____ Other: _____

By signing this form below, I agree to pay services at the time they are rendered. The Pet Doctors of Sherman Oaks accepts most major credit cards, Care Credit and Cash. **Checks are not accepted.** I also authorize The Pet Doctors of Sherman Oaks and all assistants of its choice to render and perform any and all agreed upon and/or requested treatments and/or surgical procedures upon my pet(s). I further understand that no guarantee of successful treatment is made. In the event of default or dispute, I agree to pay for all rendered services, as well as any reasonable attorney's fees and costs of collection attempts.

In the event of an emergency situation (and/or in the event that the staff has actively attempted to contact me at all numbers provided and I could not be reached) please initial one of the following:

I DO _____ DO NOT _____ authorize the administration of any and all medical and/or surgical treatments or procedures as deemed necessary while my pet(s) is/are in the custody or possession of The Pet Doctors of Sherman Oaks. If I have initialed that I DO, then I hereby release The Pet Doctors of Sherman Oaks from any liability by and reason of any act authorized according to the above.

Owner/Agent Signature: _____ Date: _____

Print Name: _____