

**MONROVIA ANIMAL MEDICAL CENTER - NEW CLIENT RECORD**

Owner \_\_\_\_\_ Spouse \_\_\_\_\_  
Last, First Last, First

Authorized Owner Representatives or Family Members \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt/Unit #  
 \_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Emergency # \_\_\_\_\_ E-mail address \_\_\_\_\_

Employer's \_\_\_\_\_  
Name of Company Address  
If necessary, may we call you at work?  
 Yes  No  
 \_\_\_\_\_  
Work Phone Ext

Spouse \_\_\_\_\_  
Name of Company Address  
If necessary, may we call you at work?  
 Yes  No  
 \_\_\_\_\_  
Work Phone Ext

How did you become aware of our hospital?

- Google     Yahoo     Bing     Yelp     Facebook     Newspaper Ad     Phonebook  
 Drive By/Hospital Signage     Pasadena Humane Society     San Gabriel Humane Society  
 Baldwin Park Shelter     Downey Shelter     Adoption Agency Referral  
 Friend/Relative(Please Specify) \_\_\_\_\_  Vet/ Hospital Referral \_\_\_\_\_  
Name Doctor/Hospital

**Consent for Exam**

A written medical care plan and estimate of fees will be provided following the initial exam prior to continuing any diagnostic and/or treatment procedures. I realize that actual expenses may differ from the estimate dependent on the patient's condition and length of stay in the hospital. This veterinary hospital will try to contact me if emergency treatment is required. I also understand and will be responsible for expenses incurred in an emergency when I cannot be reached or there is no time to contact me. I will be fully responsible for all expenses incurred through the animal's diagnosis and treatment. INITIAL \_\_\_\_\_

**ALL FEES ARE EXPECTED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.  
 A DEPOSIT MAY BE REQUIRED IF THE ANIMAL IS BEING HOSPITALIZED.**

Please indicate method of payment:

- Cash/ATM     Visa/MasterCard     Discover     Care Credit Financing  
 Driver's License \_\_\_\_\_ (Application & Approval Required)  
License #

Checks are only accepted from established clients. In the event any balance is not paid as agreed, the undersigned agrees to pay all costs including said unpaid balance, a reasonable collection fee, finance charges, and/or attorneys' fees.  
 INITIAL \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Complete Both Pages)

# MONROVIA ANIMAL MEDICAL CENTER NEW PATIENT RECORD

## Pet# 1

Pet's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Dog  Cat  Other  \_\_\_\_\_

Breed \_\_\_\_\_

Male  Female  Neutered/Spayed?  Yes  No

Color \_\_\_\_\_

Flea Control Used:  Trifexis  Sentinel  Revolution  Advantage  Other: \_\_\_\_\_  None

Heartworm Preventative Used:  Trifexis  Sentinel  Heartguard  Other: \_\_\_\_\_  None

### Vaccine History (Last Date Given)

DA<sub>2</sub>PP \_\_\_\_/\_\_\_\_/\_\_\_\_

FVRCP \_\_\_\_/\_\_\_\_/\_\_\_\_

Lepto \_\_\_\_/\_\_\_\_/\_\_\_\_

FeLV \_\_\_\_/\_\_\_\_/\_\_\_\_

Bordetella \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Vacc. \_\_\_\_\_

Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Other Vacc. \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Common Health Tests

Ova & Parasite \_\_\_\_/\_\_\_\_/\_\_\_\_

Giardia (ELISA) \_\_\_\_/\_\_\_\_/\_\_\_\_

FeLV/FIV (ELISA) \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Veterinarian: \_\_\_\_\_  
Doctor Hospital

## Pet# 2

Pet's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Dog  Cat  Other  \_\_\_\_\_

Breed \_\_\_\_\_

Male  Female  Neutered/Spayed?  Yes  No

Color \_\_\_\_\_

Flea Control Used:  Trifexis  Sentinel  Revolution  Advantage  Other: \_\_\_\_\_  None

Heartworm Preventative Used:  Trifexis  Sentinel  Heartguard  Other: \_\_\_\_\_  None

### Vaccine History (Last Date Given)

DA<sub>2</sub>PP \_\_\_\_/\_\_\_\_/\_\_\_\_

FVRCP \_\_\_\_/\_\_\_\_/\_\_\_\_

Lepto \_\_\_\_/\_\_\_\_/\_\_\_\_

FeLV \_\_\_\_/\_\_\_\_/\_\_\_\_

Bordetella \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Vacc. \_\_\_\_\_

Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Other Vacc. \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Common Health Tests

Ova & Parasite \_\_\_\_/\_\_\_\_/\_\_\_\_

Giardia (ELISA) \_\_\_\_/\_\_\_\_/\_\_\_\_

FeLV/FIV (ELISA) \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Veterinarian: \_\_\_\_\_  
Doctor Hospital