



City of Angels  
Veterinary Specialty Center  
9599 Jefferson Blvd.  
Culver City, CA 90232  
P: (310) 558-6175  
F: (310) 558-6176

Angels of the Valley  
Veterinary Specialty Center  
20051-I Ventura Blvd.  
Woodland Hills, CA 91364  
P: (818) 436-0379  
F: (818) 937-0962

[www.DOGANDCATDENTIST.com](http://www.DOGANDCATDENTIST.com)

**CLIENT INFORMATION**

Thank you for giving **Dog and Cat Dentist** the opportunity to care for your pet.  
So that we may become better acquainted, please complete the following:

Mr. Mrs.  
Ms. Dr. Responsible Party #1: \_\_\_\_\_ Responsible Party #2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth:\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer #1: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer #2: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_

Regular Doctor (if different than above): \_\_\_\_\_ Hospital: \_\_\_\_\_

**PET INFORMATION**

Please complete the following for the pet we are seeing today.

Name of Pet: \_\_\_\_\_ Dog:  Cat:  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Male:  Female:  Spayed/Neutered: \_\_\_\_\_

Approximate Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Color: \_\_\_\_\_

Reason for Your Pet's Visit: \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

Other Medications Your Pet is Taking: \_\_\_\_\_

**AUTHORIZATION**

I authorize and direct the veterinarians at the Dog and Cat Dentist to diagnose, prescribe and/or perform minor therapeutic procedures, that their judgment may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or cure.

**ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.**

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost included in said unpaid balance, including a reasonable collection and/or attorney's fees.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Due to the possibility of the provision and use of controlled substances/medication for your pet, we are required to obtain this information.