

Bloomfield Animal Hospital

Jose E. Arambulo, DVM
 20927 Norwalk Blvd.
 Lakewood, CA 90715
 (562) 402-9717



Welcome !!

Please fill out the following:

Owner's Last Name: _____ Drivers License # _____ State: _____

First Name: _____ Spouse's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ E-Mail: _____

Work Phone: (____) _____ Ext: _____ Employer: _____

Spouse Work Phone: (____) _____ Ext: _____

Cell Phone: (____) _____ Are you currently or previously been in the military: _____

In case of emergency, if we cannot reach you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

How do you prefer to receive your pet(s) reminders? (Circle): E-Mail or U.S. Postal Mail

Please update your E-mail address if it changes in order for your pet to stay current on vaccines.

How did you select our clinic? (Circle): Yellow Pages, Sign, Recommended, Web Site, AAHA, LocalVets.com

Other: _____ If recommended, by whom? _____

Dog	Cat	Pet's Name	Breed	Color	Birthday DOB	Sex	Altered	Vaccines Current? (Y/N)	Pet's Diet

I, the undersigned legal owner of the above-described pet(s), certify I am eighteen(18) years of age or older, and hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges in the care of this animal. 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 collection and/or attorney's fees.

Owner Signature: _____ Date: _____

WE WILL NOT ACCEPT CHECKS UPON THE FIRST VISIT, THANK YOU.