Value Veterinary Services 21724-B Sherman Way Canoga Park, Ca. 91303 818-592-0092

NEW PATIENT RECORD

Address: City: State: Zip Code:		(last)	·	(finat)			
City: State: Zip Code:	A 3 3	(last)		(first)			(spouse)
Home Phone: Employer: Employer: Business Phone: Email: Animals: #1 #2 #3 #4 Name Species Breed Color Date of Birth Sex Spayed/Neutered Yes No Yes No Yes No Yes No Reason for today's visit: Medical History: Referred by:	Address:						
Employer: Business Phone:	City: _				Sta	te:	Zip Code:
Business Phone: Email:	Home Phone:				Cell	Phone:	
Business Phone: Email: Animals: #1 #2 #3 #4 Name Species Breed Color Date of Birth Sex Spayed/Neutered Yes No Yes No Yes No Reason for today's visit: Medical History: Referred by:	Employer:				Eme	rgency P	hone:
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Medical History:	Reason for today's	visit:					
Referred by:	•	 _					
PLEASE READ AND SIGN RELOW Driver's Linear No. 1	Medical History: _						
	Referred by:		•				
PLEASE READ AND SIGN RELOW Driver's Linear N. J.							
Driver's License Nimber	PLEASE READ A	AND SIGN	BELOW	D	river's Lic	ense Nur	nher
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hereby consent and authorize the doctors of Value Veterinary Services to receive, prescribe for	et will use reasons	pon my am <u>n</u> able precanti	lais described one against in	above. I	understai	nd the do	ctor and the staff of
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Vet will use reasonable precautions against injury, escape or harm to my animals. In the event to my animals described above. I understand the doctor and the staff of Value will use reasonable precautions against injury, escape or harm to my animals. In the event to animals need special services, medications or life saving procedures not previously discussed with me, I understand the doctors at Value Vet will perform whatever is necessary for the books.	ma safety of my pe	t. I aiso und	erstand reaso	nable atte	empts to c	ontact me	regarding such
hereby consent and authorize the doctors of Value Veterinary Services to receive, prescribe for reat and operate upon my animals described above. I understand the doctor and the staff of Value vill use reasonable precautions against injury, escape or harm to my animals. In the event my animals need special services, medications or life saving procedures not previously discussed with me, I understand the doctors at Value Vet will perform whatever is necessary for the health and safety of my pet. I also understand reasonable attempts to contact me regarding such	roceaures will be 1	nade and I a	gree to pay in	full for a	ll such sei	vices.	- 3
lear and operate upon my animals described above. I understand the doctor and the staff of Values will use reasonable precautions against injury, escape or harm to my animals. In the event the saving procedures not previously discussed by animals need special services, medications or life saving procedures not previously discussed.							