

WELCOME TO PENINSULA PET CLINIC

DR CEMAN & ASSOCIATES
 1450 W 25TH ST SAN PEDRO, CA 90732
 PH 310-833-1111 FAX 310-833-1162

CLIENT INFORMATION		CLIENT # _____	DATE: _____
NAME (LAST) _____		(FIRST) _____	(SPOUSE) _____
ADDRESS _____		CITY _____	STATE _____ ZIP CODE _____
HOME PHONE # () _____	CELL# () _____	ALTERNATE# () _____	FAX# () _____
WORK PHONE# () _____	CELL# () _____	ALTERNATE# () _____	FAX# () _____
DRIVERS LIC # _____		EMAIL: _____	
EMPLOYER (BUSINESS NAME) _____		SUPERVISOR/BOSS _____	PH NUMBER () _____
BUSINESS ADDRESS STREET _____		CITY _____	STATE _____ ZIP CODE _____
SPOUSES EMPLOYER NAME _____		ADDRESS _____	PH NUMBER () _____
METHOD OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> ATM <input type="checkbox"/> CREDIT CARD (mastercard/visa/amex) <input type="checkbox"/> CARE CREDIT			
***** NO CHECKS ACCEPTED *****			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	CREDIT CARD NUMBER _____	EXPIRATION ____/____	CPV # _____
CARE CREDIT PLAN _____	AUTHORIZATION KEY# _____	ACCOUNT NUMBER _____	EXPIRATION ____/____
SSN# (ONLY REQUIRED IF APPLYING FOR CREDIT) ____/____/____			
CARD HOLDER SIGNATURE: _____		DATE: _____	
** ALL PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. **			
SOURCE OF REFERRAL: <input type="checkbox"/> BESTBUYS GUIDE <input type="checkbox"/> WEBPAGE <input type="checkbox"/> FRIEND <input type="checkbox"/> WALKBY <input type="checkbox"/> ANIMAL SHELTER			
<input type="checkbox"/> CLIENT _____ <input type="checkbox"/> OTHER _____			

PET(S) INFORMATION

PETS NAME _____ AVID CHIP# _____ SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> EXOTIC <input type="checkbox"/> AVIAN <input type="checkbox"/> REPTILE <input type="checkbox"/> OTHER BREED _____ COLOR _____ DOB _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F NEUTERED <input type="checkbox"/> YES <input type="checkbox"/> NO LAST VACCINATED ____/____ MONTH YEAR	PETS NAME _____ AVID CHIP# _____ SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> EXOTIC <input type="checkbox"/> AVIAN <input type="checkbox"/> REPTILE <input type="checkbox"/> OTHER BREED _____ COLOR _____ DOB _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F NEUTERED <input type="checkbox"/> YES <input type="checkbox"/> NO LAST VACCINATED ____/____ MONTH YEAR	PETS NAME _____ AVID CHIP# _____ SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> EXOTIC <input type="checkbox"/> AVIAN <input type="checkbox"/> REPTILE <input type="checkbox"/> OTHER BREED _____ COLOR _____ DOB _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F NEUTERED <input type="checkbox"/> YES <input type="checkbox"/> NO LAST VACCINATED ____/____ MONTH YEAR
---	---	---

FOR OFFICE USE ONLY

<input type="checkbox"/> ____/____ DATE INITIAL	<input type="checkbox"/> ____/____ DATE INITIAL	<input type="checkbox"/> ____/____ DATE INITIAL	<input type="checkbox"/> ____/____ DATE INITIAL	<input type="checkbox"/> ____/____ DATE INITIAL
--	--	--	--	--