



23460 Cinema Drive, Valencia, CA 91355 * Office: 661-253-9300 * Fax: 661-554-6431

NEW CLIENT/PATIENT REGISTRATION

Client Name: _____ Guardian/Spouse: _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

*Email _____

*We are paperless here at Cinema Vet! We send appointment reminders, invoices, lab results and correspond via email. If you wish to decline these services, please leave this blank.

How did you hear about us?

Friend: _____ Website Yelp Yellow Pages Other: _____

Please note: Your privacy is important to us. All information received in all forms and through other communications is subject to our Patient Privacy Policy.

PET INFORMATION

Pet's Name _____

Age/DOB _____ Species: Dog / Cat / Other _____

Breed: _____

Please Circle One

Intact Male Intact Female Neutered Male Spayed Female

Pet's Name _____

Age/DOB _____ Species: Dog / Cat / Other _____

Breed: _____

Please Circle One

Intact Male Intact Female Neutered Male Spayed Female

All payments are due at the time of services rendered. There is no billing at this facility.
We accept cash, checks, CareCredit, Visa, Discover or MasterCard.

I have read and understand the above statements and agree to all terms therein.

Signature: _____

Date: _____

***Thank you for letting us care for your pet!
Welcome to Cinema Veterinary Centre!***