

# Welcome to



5267 W Rosecrans Ave, Hawthorne CA 90250

Phone: (310) 857-7000

Email: [Info@rosecransvet.com](mailto:Info@rosecransvet.com)

Primary Owner \_\_\_\_\_

Secondary Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relation of secondary owner \_\_\_\_\_

Home number \_\_\_\_\_

Primary Mobile \_\_\_\_\_

Secondary Mobile \_\_\_\_\_

Other number \_\_\_\_\_

Email/s \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Pet Information

Pet Name \_\_\_\_\_  Dog or  Cat DOB/Age \_\_\_\_\_

Female  Spayed  Male  Neutered Microchip # \_\_\_\_\_

Breed \_\_\_\_\_ Color/s \_\_\_\_\_ Last Vaccination date \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

Current Diet \_\_\_\_\_

## Authorization

I hereby authorize Rosecrans Veterinary Clinic to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Name of responsible party \_\_\_\_\_

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_