Centinela Animal Hospital

NEW CLIENT REGISTRATION · 721 Centinela Ave, Inglewood, CA 90302 · (310) 673-1910

Owner / Guardian

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP

CELL PHONE

ALTERNATE PHONE

EMAIL

HOW DID YOU HEAR ABOUT US?

Second Authorized Person (optional)

NAME

RELATIONSHIP

PHONE

Pet 1

PET'S NAME

☐ Dog ☐ Cat ☐ Other
SPECIES

BREED

COLOR / MARKINGS

☐ Male ☐ Female
SEX

☐ Yes ☐ No ☐ Not sure
SPAYED / NEUTERED

DATE OF BIRTH (OR AGE)

APPROX. WEIGHT

PREVIOUS VETERINARIAN / CLINIC (NAME & PHONE)

Pet 2 (optional)

PET'S NAME

☐ Dog ☐ Cat ☐ Other
SPECIES

BREED

COLOR / MARKINGS

☐ Male ☐ Female
SEX

☐ Yes ☐ No ☐ Not sure
SPAYED / NEUTERED

DATE OF BIRTH (OR AGE)

APPROX. WEIGHT

PREVIOUS VETERINARIAN / CLINIC (NAME & PHONE)

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Consent & Policies

- ☐ I authorize Centinela Animal Hospital and its staff to examine, treat, and provide care for my pet(s), and I confirm the information provided is accurate.
- ☐ I understand that payment is due at the time services are rendered.
- ☐ Please request my pet's prior medical records from the previous veterinarian listed above. (optional)
- ☐ It's OK to send me appointment reminders and care updates by text or email. (optional)

Signature

SIGNATURE _____ DATE _____

PRINTED NAME _____

Prefer to register online? Visit centinelaanimalhospital.com → New Patients → Complete registration online.