

Office Use Only  
Client ID #:

**Veterinary Healing Center of El Dorado Hills**  
2222 Francisco Dr. Suite 150  
El Dorado Hills, CA 95762  
(916)933-6030

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
DL #: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Spouse or other name: \_\_\_\_\_ Spouse's Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
\*\*\*How did you hear about us?\*\*\*: \_\_\_\_\_

**BY SIGNING BELOW, I AGREE TO PAY ANY FEES INCURRED AT THE TIME SERVICES ARE RENDERED:**  
*Forms of payment accepted are as follows:*  
**CASH/DEBIT/CREDIT (VISA, DISCOVER, AMEX, MASTERCARD) \*ABSOLUTELY NO CHECKS\***  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_