The Helix Pet Hospital

Dr. Ryan Lorber DVM
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(619) 469-2129

Client Information Sheet

Name (s) of owner_____ _____

Address_____ Apt # _____

City_____State_____Zip_____

Phone (Primary)_____(2nd)_____

Do you prefer Phone____ or Email____ Email: _____
Emails will be used ONLY for Communication with Staff and Doctor.

Alternate contact: (In case of emergency)

Name _____ (Ph.)_____

Military or Senior (65 and up)? Yes_____ No_____
10% Discount offered on services only, VOID on Care Credit transactions.

Pet(s) Information

Name_____	_____	_____
Species_____	_____	_____
Breed_____	_____	_____
Sex_____	_____	_____
Color_____	_____	_____
Birth Date_____	_____	_____
Spayed/Neutered? _____ (Yes or No)	_____	_____

Do we have your permission to request records from your previous vet? Yes_____ No_____

Name of previous hospital(s)_____

Payment is due when services rendered. We accept Visa, MC, Discover, Amex, Cash and Care Credit. A $1.50 monthly billing fee applies to all outstanding balances. An estimate can be provided for any service, and will be provided prior to procedures, and surgeries.

Signature_____ Date _____