

820 Torrance Blvd.  
Redondo Beach, CA 90277

**Animal Hospital of Redondo Beach**

Visit us online as [www.ahorb.com](http://www.ahorb.com)  
Email us at [info@ahorb.com](mailto:info@ahorb.com)

Phone: (310) 540-9044  
Fax: (310) 540-1667

### New Owner Registration Form

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Primary Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Spouse/ Partner or Relative: \_\_\_\_\_  
First Name Last name  
Nickname: \_\_\_\_\_

Information for Owner #1  
Cell: \_\_\_\_\_  
[ ] Textable [ ] Not Textable  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Birthday: \_\_\_\_\_ For DEA  
Drivers' License#: \_\_\_\_\_  
For DEA

Information for Owner #2  
Cell: \_\_\_\_\_  
[ ] Textable [ ] Not Textable  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Email: \_\_\_\_\_

Alternate Contact (Outside of CA in case of Earthquake)  
Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ City/State: \_\_\_\_\_

How did you hear of our Hospital?  
[ ] Sign/Hospital [ ] Internet [ ] Yelp [ ] Google [ ] Facebook )  
Referred by: \_\_\_\_\_

**PAYMENT INFORMATION, AGREEMENT AND I AM AT LEAST 18 YEARS OLD:**  
All fees are due payable upon release of your pet or at the time of the visit. For your convenience, we accept Visa, MasterCard, Discover and American Express, and Care Credit.  
Personal checks are accepted with proof of a valid Drivers License.  
The above named pet owner/ agent is responsible for all collection cost, attorney fees, and court costs incurred in the collection of delinquent bills.  
I am at least 18 years of age and have read, understand and agree to the above payment contract.

X \_\_\_\_\_ Date: \_\_\_\_\_