

OFFICE USE ONLY

CHART # _____



Welcome to TLC Pet Medical Centers!
Please tell us about yourself/yourselfes.

Every pet should have a owner, but some are lucky enough to have two! Feel free to use both columns

Name(s)	• _____	• _____
Home Address	• _____	• _____
City/State/ZIP	• _____	• _____
Home Telephone	• _____	• _____
Work Telephone	• _____	• _____
Mobile/Pager	• _____	• _____
E-mail Address	• _____	• _____

For check writing purposes and identification

Driver's License	• _____	• _____
Date of Birth	• _____	• _____

Optional information

Credit Card	• _____	• _____
Expiration	• _____	• _____

Please tell us how you discovered TLC:

- | | |
|--|---|
| <input type="checkbox"/> Sign/Location | <input type="checkbox"/> Animal Rescue Organization: _____ |
| <input type="checkbox"/> Flyer/Mailing | <input type="checkbox"/> Friend or Relative Referral: _____ |
| <input type="checkbox"/> Yellow Pages Ad | <input type="checkbox"/> Veterinarian Referral: _____ |
| <input type="checkbox"/> Pet Store | <input type="checkbox"/> Other: _____ |

AT TLC, WE CARE !