

CALIFORNIA DOG & CAT HOSPITAL

CLIENT AND PATIENT INFORMATION SHEET

Date: _____

Owner _____ Spouse/Co-Owner _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Place of Employment _____ Address _____ Phone _____

Spouse's Employment _____ Address _____ Phone _____

How did you hear of us? _____ Individual we may thank? _____

In case of emergency, please call - Name: _____ Phone _____

Pet Name _____

Species: Cat Dog

Breed _____

Color _____

Date of Birth _____

Male Female

Altered: Yes No

Pet Name _____

Species: Cat Dog

Breed _____

Color _____

Date of Birth _____

Male Female

Altered: Yes No

Pet Name _____

Species: Cat Dog

Breed _____

Color _____

Date of Birth _____

Male Female

Altered: Yes No

I assume responsibility for all charges incurred in the care of the animal. I also understand these charges will be paid at the time of release, and/or by contract. _____

(must fill out information below if paying by check, credit card, etc...)

Owner:

Driver License No. _____ Date of Birth _____ State _____ Exp Date _____

Authorization for Professional Services

I hereby authorize you to perform such diagnostic, therapeutic, and surgical procedures as necessary and advisable for treatment and maintenance of my pet's health and well being. The nature of such services has been described to me to my satisfaction, and while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I authorize the hospital to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised in writing. I ASSUME FULL RESPONSIBILITY for the treatment expense involved.

I have read the foregoing and agree.

Date

Owner / Agent