

BROOK-ELLIS PET HOSPITAL

CLIENT INFORMATION SHEET

Name: Mr. Mrs. Ms. _____

Spouse/Other Contact: _____ Other Contact Number _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone (_____) _____ Primary?[] Home Phone (_____) _____ Primary?[]

Occupation/Employer: _____ Work Phone (_____) _____

Emergency Contact and Relationship: _____

Emergency Phone Number(s) : _____

Email Address: _____

Referred By : Internet Site: _____ Business Sign _____ Person: _____

IT IS OUR POLICY TO COLLECT FEES FOR SERVICES AT THE TIME THEY ARE RENDERED.

Drivers License Number : _____

Owners Date of Birth: _____ (required by the state of Clifornia for the prescription of certain medications)

I the undersigned, owner or responsible party of admitted patient(s), hereby authorize and consent the admitting veterinarian (and his associates or assistants of Brook-Ellis Pet Hospital to care for, treat and/or anesthetize as is deemed advisable in the performance of surgical or therapeutic procedures deemed to be indicated on the above named patient(s).

I further understand that no guarantee of successful treatment is made (I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment, the advantages and possible complications, if any.)

I also assume financial responsibility for all charges incurred to patient(s), and agree to pay all such charges at the time of release of said patient.

Any animal not picked up within the time required by Section 1843 of the Ca. Civil Code shall be deemed abandoned by the owner and will be disposed of according to Section 1843.5 and 1843.6 of the Ca. Civil Code.

I understand this action will not, however relieve me from paying all charges rendered and all legal and/or court costs incurred in connection with collection for service.

Signature of Owner/ Responsible Party

Date