



1145 S. Placentia Ave., Fullerton, CA 92831

# CLIENT INFORMATION

Accurate Medical Records are Critical  
- Please Fill Out Completely -

Client # \_\_\_\_\_

How Did Your Hear About Us?	<input type="checkbox"/> Online (Website Name) _____	<input type="checkbox"/> Pet Store (Name) _____	<input type="checkbox"/> Yellow Pages			
	<input type="checkbox"/> Personal Referral (Name) _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Our Sign			
Owner's Name and Home Address	Last Name		First Name	Middle	Spouse	
	Ms. Mr. Mrs. Miss Dr.					
	Street		City	State	Zip	
	Home Phone		Cell Phone	Business Phone	E-Mail	
	Mr.					
	Mrs.					
	Social Security No.		Birth Date	Drivers License No.	Expires	
	Mr.					
	Mrs.					
	Employer Name and Address	Use Name if Self Employed		Address	City	State
Mr.						
Mrs.						
Other Person to be Called in Case of an Emergency	Name		Relationship	Phone		

**We invite you to participate in our online system. Features include:**

- Request Appointments Online
  - Receive Text Message Reminders
  - Refer your Friends Online
  - Confirm Appointments via E-Mail
  - Submit Client Satisfaction Surveys
- Opt In to Text Messages:** (Cell Phone) \_\_\_\_\_
- Opt In to E-mail:** (E-mail Address) \_\_\_\_\_

**Payment is Required at the Time Services are Rendered. We Are Unable to Extend Credit.  
A Deposit is Required Upon Admission of Patient into Hospital.  
We Accept Cash, Visa, Mastercard, American Express, Discover, ATM or Care Credit.**

I, the undersigned, owner or authorized agent of admitted patient, hereby consent and authorize the admitting veterinarian (and his designated associates or assistants) of Tri-City Pet Hospital to care for, treat and/or anesthetize as is deemed advisable in the performance of medical and/or surgical therapeutic procedures indicated on described pet.

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 reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any.

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

Any animal not picked up within the time required by Section 1843 of the California Civil Code shall be deemed abandoned by the owner and will be disposed of according to Sections 1843.5 and 1843.6 of the California Civil Code. I understand this action will not, however, relieve me from paying all charges for services rendered and all legal and/or court costs incurred in connection with collection of said fees.

I understand fees are to be paid in full at the time services are rendered. I understand, for the safety of my pet and others, that all pets admitted must meet Tri-City Pet Hospital standards for immunization prophylaxis. Those that do not meet these standards will be vaccinated at owner's expense.

\_\_\_\_\_  
Signature of Owner or Responsible Agent

\_\_\_\_\_  
Date