

Client Registration Form

Animal Hospital

39 N Ham Lane Lodi, CA 95242 (209) 369-6601

vets4petslodi@gmail.com

Welcome to Animal Hospital. Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill out this form. Thank you.

Name _____ Spouse/Partner Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Alt # _____ Owners Birth Date _____

Occupation/Employer _____

Email Address (CAPITAL LETTERS) _____

Regular/Former Veterinarian _____

Pet's Name	Species (Dog/Cat)	Breed	Male/Female	Date Of Birth	Spayed/ Neutered	Color/ Markings

All fees are due at the time services are rendered. When extensive care is indicated, a deposit may be required upfront. A written estimate will be provided on request. **We do not accept Checks. A 2.98% surcharge will be applied on all credit card transactions.**

If you need to cancel or reschedule your appointment, we kindly ask that you give us a 24 hours notice to avoid cancellation/ no show fee (\$25)

A valid photo ID is now required for any credit/debit card purchase to match the name with the card you're using. The photo ID will be attached on file, this is used if we ever do any injections or sending home medications that are a controlled substance for the patient which the state of California requires us to report. If you are using a family member's card we may need written approval to use the card.

Hospital premises are under 24 hour audio/video surveillance. By entering the premises, I consent to be audio-video, phone recorded. Financial Agreement and Authorization: I authorize treatment of the above named pet(s) and agree, irrevocably, that in consideration of the services to be rendered, I hereby oblige myself to pay the account in accordance with the regular rates of the provider. As required by law I am hereby notified that a negative report may reflect on my credit reporting agency if I fail to fulfill the terms of credit obligation. Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay actual attorney's fees and Thirty dollar late fee (\$30) plus 18% APR. I authorize my employer to release employment information to the provider or provider's agents. I acknowledge that this facility has audio and video monitoring and all phone calls can be recorded.

There may be times when no personnel are on the premises. After hour's emergency care is available at All Creatures Veterinary Emergency Clinic located at 7707 West Lane #A, Stockton, CA 95210 (209) 742-7387

Signature: _____ Date: _____