

Welcome To American Canyon Veterinary Hospital

CLIENT INFORMATION

CLIENT NAME: _____
LAST FIRST MI SPOUSE/PARTNER

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

CONTACT INFO: _____
HOME PHONE WORK PHONE CELL PHONE EMAIL

MAY WE USE YOUR EMAIL FOR HOSPITAL CORRESPONDENCE? (VACCINE REMINDERS, NEWSLETTERS, ACVH EVENTS, ECT.) YES _____ No _____
(IF YOU CHECK YES, YOUR EMAIL WILL NEVER BE SOLD OR GIVEN AWAY FOR ANY REASON)

CLIENTS DOB: _____ DRIVER'S LICENSE NUMBER: _____

EMPLOYER'S NAME & ADDRESS: _____

PLEASE TELL US HOW YOU HEARD ABOUT OUR HOSPITAL? _____

MAY WE USE PHOTOS OF YOUR PET(S) FOR EDUCATIONAL/PROMOTIONAL PURPOSES? YES _____ NO _____

PATIENT INFORMATION

Please tell us where your pet has received previous Veterinary care, for the purpose of obtaining patient medical records:

Hospital Name: _____ City: _____ State: _____

1: SPECIES: CANINE FELINE SEX: M F ALTERED: YES NO

PETS NAME: _____ BREED: _____

COLOR: _____ SPECIAL MARKINGS: _____ DOB: _____

2: SPECIES: CANINE FELINE SEX: M F ALTERED: YES NO

PETS NAME: _____ BREED: _____

COLOR: _____ SPECIAL MARKINGS: _____ DOB: _____

Please sign the following authorization for treatment.

I authorize the staff of American Canyon Veterinary Hospital to render any treatment that is deemed necessary to my pet's health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment.

- I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone.
- I understand the professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.
- To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines.

Payments Accepted Are: Cash, Visa, MasterCard, & Care Credit. We do not accept checks. We do not accept payment plans.

Signature of Responsible agent for pet(s): _____ Date: _____