



Anaheim Hills Pet Clinic

Your pet. Our passion

OWNER INFORMATION

LAST NAME: _____ FIRST NAME: _____ SPOUSE: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

HOME #: _____ CELL #: _____ WORK #: _____

EMAIL ADDRESS: _____

PREFERED METHOD OF CONTACT: HOME CELL WORK EMAIL

OWNER DATE OF BIRTH: _____

HOW DID YOU HEAR ABOUT US? _____

PET INFORMATION

NAME: _____ AGE: _____ BIRTHDATE: _____

MALE FEMALE NEUTERED/SPAYED/INTACT SPECIES: DOG CAT RABBIT OTHER _____

BREED: _____ COLOR: _____

NAME: _____ AGE: _____ BIRTHDATE: _____

MALE FEMALE NEUTERED/SPAYED/INTACT SPECIES: DOG CAT RABBIT OTHER _____

BREED: _____ COLOR: _____

NAME: _____ AGE: _____ BIRTHDATE: _____

MALE FEMALE NEUTERED/SPAYED/INTACT SPECIES: DOG CAT RABBIT OTHER _____

BREED: _____ COLOR: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above listed pet(s). I assume responsibility for all charges incurred in the care of animal. I also understand that all professional fees are due at the time that services are rendered and that a deposit may be required for surgical treatment or hospitalized care.

In the event that Anaheim Hills Pet Clinic must retain a collection agency or law firm to collect past due balances owed to Anaheim Hills Pet Clinic, I agree to pay any and all collection fees, court costs, attorney fees, and/or incidental costs associated with collecting.

SIGNATURE: _____ DATE: _____