

VALLEY VET CLINIC  
420 ANTELOPE BLVD.  
RED BLUFF, CA 96080

ADMITTANCE AND CONSENT FORM CLIENT INFORMATION  
( **MUST BE OVER 18 YEARS OF AGE** )

OWNER NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL # \_\_\_\_\_ SPOUSES CELL # \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

**YOUR** DATE OF BIRTH \_\_\_\_\_ E-MAIL \_\_\_\_\_

(NOW WE CAN SEND YOUR PET'S REMINDERS ELECTRONICALLY)

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WHO MAY WE THANK FOR YOUR REFERRAL? \_\_\_\_\_

(NEWSPAPER, WORD OF MOUTH, YELLOW PAGES, ETC.)

**AS OWNER**, OR DULY AUTHORIZED AGENT OF THE OWNER, I HEREBY CONSENT AND AUTHORIZE THE STAFF AT VALLEY VET CLINIC TO CARE FOR, TREAT, AND/OR ANESTHETIZE AS YOU DEEM ADVISABLE IN THE PERFORMANCE OF SURGICAL OR THERAPEUTIC PROCEDURES YOU DETERMINE TO BE INDICATED ON ANY ANIMAL PRESENTED BY THE ABOUT OWNER OR AUTHORIZED AGENT. I UNDERSTAND THAT CHARGES ARE MADE FOR SERVICES RENDERED, AND THAT PAYMENT FOR SUCH CHARGES IS DUE AT THE TIME THEY ARE RENDERED, OR PRIOR TO DISCHARGE OF THE ANIMAL FROM THE HOSPITAL. FAILURE TO PAY ACCOUNT UPON DEMAND WILL RESULT IN COURT ACTION. IN THIS EVENT, I SHALL BE LIABLE FOR SAID INTEREST (THE FINANCE CHARGE IS COMPUTED AT 1.5% PER MONTH, WITH A \$5.00 MINIMUM CHARGE) AND FROM ALL COLLECTION CHARGES, INCLUDING ATTORNEY'S FEES, PRIVATE INVESTIGATION AND/OR COLLECTION FEES AND COURT COSTS, THAT MAY BE INCURRED AS A RESULT OF SUCH DELINQUENCY.

SIGNATURE OF LEGAL OWNER OR RESPONSIBLE PERSON \_\_\_\_\_

DATE \_\_\_\_\_

CONTINUOUS PRESENCE OF PERSONNEL MAY NOT BE PROVIDED DURING NIGHTTIME HOURS, WEEKENDS OR HOLIDAYS.

**PERSONS AUTHORIZED TO MAKE FINANCIAL AND MEDICAL DECISIONS ( **MUST BE OVER 18 YEARS OF AGE** ):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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FOR OFFICE USE ONLY -- I CERTIFY THAT THE ABOVE INFORMATION IS CURRENT AND CORRECT.

INITIAL \_\_\_\_\_ INITIAL \_\_\_\_\_ INITIAL \_\_\_\_\_ INITIAL \_\_\_\_\_ INITIAL \_\_\_\_\_ INITIAL \_\_\_\_\_

DATE \_\_\_\_\_ DATE \_\_\_\_\_ DATE \_\_\_\_\_ DATE \_\_\_\_\_ DATE \_\_\_\_\_ DATE \_\_\_\_\_