

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: _____

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 _____