



Gentle Care For Pets And Their People!

10195 Telephone Road. Ventura, CA 93004 (805) 647-8596



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted and provide excellent healthcare for your pets, please complete the following in full.

CLIENT INFORMATION

Name of Primary on Account: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: _____ Home Phone: _____ Cell: _____

May we text this cell number with hospitalized patient or boarding updates, appointment reminders, announcements or other pet related topics? Yes No

Email: _____ Driver's License # _____
(Through e-mail we send Reminders, Newsletter, Promotions and Food Recalls)

Place of Employment: _____ Work Phone: _____

Co-Owner/Spouse/Significant Other: _____

Preferred Phone Number: _____ Home Phone: _____ Cell: _____

May we text this cell number with hospitalized patient or boarding updates, appointment reminders, announcements or other pet related topics? Yes No

Email: _____ Driver's License # _____
(Through e-mail we send Reminders, Newsletter, Promotions and Food Recalls)

Place of Employment: _____ Work Phone: _____

Will anyone else be bringing in your pets, or picking up? Please list person(s) below.

By checking the authorized box below and initialing I am agreeing that the person listed is 18 years or older and authorized to make both medical and financial decisions for my pet's care.

Name: _____ Phone: _____ Authorized: initial: _____

Name: _____ Phone: _____ Authorized: initial: _____

Name: _____ Phone: _____ Authorized: initial: _____

GENERAL INFORMATION

How did you FIRST become aware of our hospital?

Yellow Pages Drove by Our Website Web Search, source: _____

Other, source: _____

If personal recommendation, whom may we thank? _____



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ANIMAL INFORMATION

Pet's Name: _____ Species: Dog Cat Rabbit Rat other: _____

Breed: _____ Color: _____ Microchip Number: _____

Birthday/ Age: _____ Sex: Male Neutered or Female Spayed

Last known Vaccine Date:

CANINE

Rabies: _____

Bordetella: _____

Leptospirosis: _____

DA2PP (Distemper/Parvo): _____

Lyme: _____

Influenza: _____

FELINE

Rabies: _____

FVRCP: _____

FELV: _____

Which veterinary hospital may The Animal Doctor call to get current medical history (vaccinations) on your pet(s)?
Hospital(s) Name _____ City, State _____ Phone: _____

SOCIAL MEDIA RELEASE

I give my permission to The Animal Doctor Inc. to use photos of my above listed pet in any or all forms of social media such as Facebook, Twitter, Instagram, etc. and Website.

No Yes Signature authorizing: _____

AUTHORIZATION & POLICYS

I certify that I am the owner or duly authorized agent/representative of the pet(s) listed and that I am 18 years of age or older. To the best of my knowledge the above information is correct. I understand that all fees are due and payable at the time services are rendered, and I agree to pay for those services. I understand and agree that I will pay the maximum collection costs, court costs, and reasonable attorney fees associated with the collection of any unpaid balance. We accept Visa, MasterCard, Discover, American Express, Care Credit and Scratchpay as well as cash. We do not except checks. A deposit may be required on hospitalized patients.

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. We request at least 24 hours notice for cancelling any appointment. If you fail to give 24 hour notice more than twice, future appointments will require a deposit equal to the examination fee. If you miss the appointment, or cancel less than 24 hours prior to the appointment, your deposit will be forfeited. Thank you for your understanding

To lessen the spread of infectious disease and parasites, all in-patients, out-patients, boarders and grooming pets must be current on all necessary vaccines and be free of all internal and external parasites. If your pet is unprotected, we will advise you of what treatment is needed and provide these services as soon as your pet's health status allows. All boarding and grooming pets must be current before or at admission to the hospital. I understand this to be the strict policy of the hospital and authorize the doctors to provide my pet(s) with vaccinations and parasite control as needed.

I have read the above information and understand the payment and infectious disease/parasite policy.

Printed Name _____

Signature _____ Date _____