

Rancho Village Veterinary Hospital, Inc.

Thank you for giving Rancho Village Veterinary Hospital the opportunity to care for your pet. Please fill this out so that we may become better acquainted.

Owner(s) _____
Last First Last First
Home Phone _____ 1st Cell Phone _____ 2nd Cell Phone _____

Home Address _____
Street City State Zip

Email Address _____

Drivers License # _____ (For identification Purposes Only)
Date of Birth: _____ (For documentation of medication)

How did you become aware of our hospital? Yellow Pages Hospital Sign Internet Other
 Personal Recommendation – whom may we thank - _____

Animal Description _____
Dog / Cat Breed NAME
Male / Female Neutered / Spayed Date of Birth Color

Is your pet micro-chipped? YES NO # _____

Photo Property Release:

By signing this release, I hereby give Rancho Village Veterinary Hospital permission to use my pet's picture images for any purposes, which may include advertising, promotion, Facebook, and marketing.

To keep our fees as low as possible, we do not bill, but we do accept Master Card, Visa, Discover, Care Credit, cash, or checks. All fees are due upon dismissal of patient.

Authorization For Professional Services

I hereby authorize the Rancho Village Veterinary Hospital to perform such diagnostic, therapeutic, and surgical procedures as are necessary and advisable for treatment and maintenance of my pet's health and well being. The nature of such services will be described to me, and while I accept all procedures to be done to the best of the abilities of the professional staff, I realized that no guarantee or warranty can ethically or professionally be made regarding the results or care. I also authorize the hospital director and his staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised in writing. Veterinary service is provided during the time hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

I understand that my pet must be free of external and internal parasites and current on Bordetella vaccine when admitted to the hospital or he/she will be treated at my expense.

Date _____ Signature _____

PLEASE LIKE US ON FACEBOOK!