

# 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 \_\_\_\_\_ 1<sup>st</sup> Cell Phone \_\_\_\_\_ 2<sup>nd</sup> 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 - \_\_\_\_\_

## Patients:

Pet Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Sex: \_\_\_\_\_ S N

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Pet Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Sex: \_\_\_\_\_ S N

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 prior to service.

## 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!