



Animal AM-Emergency Clinic of Pasadena

2121 E. Foothill Blvd. Pasadena, CA 91107
Phone: (626) 578-1725 Fax: (626) 564-0305

NEW CLIENT REGISTRATION FORM

Last name and first name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Driver's Lic#: _____ Date of Birth: (MM/DD/YYYY) _____ Email: _____

How did you hear about our hospital? YELP Facebook Google Saw hospital sign/drove by Emergency clinic client
 Referral/Personal Recommendation _____

Pet Name: _____ Dog Cat Male Female
 Spayed/Neutered **NOT** spayed/neutered Unsure

Birthdate/Approximate Age: _____ Microchipped? Yes No Unsure

Breed: _____ Color/Markings: _____

Vaccine history? **DOGS** (please write in dates) DHA2P _____ Bordetella _____ Rabies _____ Other _____

CATS (please write in dates) FVRCP _____ FeLV _____ Rabies _____ Other _____

Any known allergies? _____

Other medical history? _____

AUTHORIZATION FOR TREATMENT

I authorize the Animal AM-Emergency Clinic of Pasadena to treat the above described animal. I further understand that no guarantee of successful treatment is made, and I will not hold the Animal AM-Emergency Clinic of Pasadena responsible for my animal's recovery. I am aware that all treatment and medication charges in addition to the exam fee, and agree to pay all charges incurred at the time of release of my animal.

If I am leaving my animal for care/treatments/hospitalization, I understand that my animal must be picked up at the scheduled time, and that late pick-up will incur additional fees.

PAYMENT IS DUE UPON COMPLETION OF SERVICES RENDERED VIA CREDIT CARD, CASH, OR CARE CREDIT (6-month plan only). NO EXCEPTIONS. NO PERSONAL CHECKS. A DEPOSIT MAY BE REQUIRED ON SERVICES.

I HAVE READ AND UNDERSTOOD THE ABOVE HOSPITAL POLICIES AND AGREE TO COMPLY WITH THEM.

X _____

OWNER/AGENT Signature

DATE