



NAME \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

MAY WE CALL YOU AT WORK?

EMAIL \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

YOUR PRIMARY VETERINARIAN: \_\_\_\_\_

(Please complete the above information so we may keep you pet's doctor informed)

HOSPITAL NAME

PHONE NUMBER

HOW DID YOU HEAR ABOUT US?

FRIEND OR FAMILY MEMBER (NAME): \_\_\_\_\_

PRIMARY VETERINARIAN  SHELTER OR RESCUE ORGANIZATION (NAME) \_\_\_\_\_

YELLOW PAGES  INTERNET  COUPON BOOK  NEWSPAPER \_\_\_\_\_

PET EXPO or pet related event (please list): \_\_\_\_\_  OTHER \_\_\_\_\_

**PET INFORMATION:**

PETS NAME:	COLOR	SPECIES	BREED	AGE	SEX	ALTERED?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

YORBA REGIONAL ANIMAL HOSPITAL WOULD LIKE YOU TO BE AWARE THAT ALL FEES ARE DUE WHEN SERVICES ARE RENDERED. IF YOUR PET IS HOSPITALIZED PREPAYMENT (100%) OF THE ESTIMATED AMOUNT IS DUE UPON HOSPITALIZATION. WE ACCEPT CASH, PERSONAL CHECKS, MASTERCARD, VISA, DEBIT, DISCOVER, OR CARE CREDIT. THERE IS A \$25 FEE FOR ALL RETURNED CHECKS.

YORBA REGIONAL ANIMAL HOSPITAL MAY AT TIMES TAKE PHOTOS OF YOUR PET OR USE MEDICAL INFORMATION FOR TEACHING PURPOSES, VETERINARY LITERATURE AND POSSIBLY HOSPITAL PROMOTIONS. I AUTHORIZE THE RELEASE OF PHOTOS OR MEDICAL INFORMATION FOR SUCH PURPOSES. CLIENT CONFIDENTIALITY (Names and Personal Information) WILL BE MAINTAINED

I UNDERSTAND THAT NO GUARANTEE CAN BE MADE AS TO THE RESULTS OBTAINED FROM MEDICAL TREATMENT. I AM OVER 18 YEARS OF AGE AND ASSUME FINANCIAL RESPONSIBILITY FOR ALL CHARGES INCURRED BY PATIENTS ON MY ACCOUNT. I FURTHER UNDERSTAND THAT IF IT IS NECESSARY TO SEND MY ACCOUNT TO COLLECTION I WILL BE RESPONSIBLE FOR ANY COLLECTION FEES, LEGAL AND/OR COURT COSTS.

\_\_\_\_\_  
SIGNATURE OF OWNER OR RESPONSIBLE AGENT (must be 18 or older)

\_\_\_\_\_  
DATE

8290 East Crystal Drive ▪ Anaheim ▪ CA ▪ 92807 ▪ (714) 921-8700 Phone ▪ (714) 283-1262 Fax ▪ [www.yorbaregionalvets.com](http://www.yorbaregionalvets.com)

*Loving care . . . for the life of your pet*