



# AMERICAN VETERINARY HOSPITAL

8106 Kelley Dr # C, Stockton, CA 95209

E-MAIL \_\_\_\_\_

OWNER'S NAME (LAST) \_\_\_\_\_ / (FIRST) \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/LOT# \_\_\_\_\_

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

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

FORMER VET \_\_\_\_\_

REASON FOR LEAVING (FORMER VET) \_\_\_\_\_

HOW DID YOU CHOOSE OUR HOSPITAL? ( ) YELLOW PAGES, ( ) COUPON, ( ) DROVE BY, ( ) REFERRAL

WHO MAY WE THANK FOR REFERING YOU \_\_\_\_\_

PAYMENT METHOD: ( ) PET INSURANCE , ( ) CASH, ( ) CREDIT CARD, ( ) ATM, ( ) CARE CREDIT

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

SPECIES DOG CAT

SPECIES DOG CAT

SPECIES DOG CAT

BREED \_\_\_\_\_

BREED \_\_\_\_\_

BREED \_\_\_\_\_

COLOR \_\_\_\_\_

COLOR \_\_\_\_\_

COLOR \_\_\_\_\_

SEX \_\_\_\_\_

SEX \_\_\_\_\_

SEX \_\_\_\_\_

SPAYED/NEUTERED \_\_\_\_\_

SPAYED/NEUTERED \_\_\_\_\_

SPAYED/NEUTERED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATES VACCINATED \_\_\_\_\_

DATES VACCINATED \_\_\_\_\_

DATES VACCINATED \_\_\_\_\_

I authorize treatment of the above named pet (s) and agree, irrevocable, that in consideration of the services to be rendered that I hereby obligate myself to pay the account in accordance with the regular rates of the provider.

A deposit may be required and final bill is upon release of the patient. **NO BILLING.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_