

# Welcome to Pet Medical Center - Sunland!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. Please help us meet your needs today and in the future by completing our registration form. Thank you!

## REGISTRATION

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

Driver's License: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**E-MAIL Address:** \_\_\_\_\_

*This is for vaccination reminders, important health alerts and access to your own private pet health website. We will not share your email address with any other business.*

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Other Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternative Emergency Number(s): \_\_\_\_\_

Names of Person(s) you authorize to bring in your pets for treatment in your absence and/or visit while pet(s) are in this hospital: \_\_\_\_\_

How did you learn of our clinic?: \_\_\_\_\_

If recommended, by whom?: \_\_\_\_\_

## HOUSEHOLD PET HEALTH HISTORY

Pet's Name	Breed	Sex	Date of Birth	Spayed/Neutered	Medical Condition
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## AUTHORIZATION

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). This may be important to you since **all professional fees are due at the time services are rendered.** In cases of extensive medical or surgical treatment, we accept Master Card, Visa, American Express and Discover. Please let us know if you would like to apply for a veterinary credit card through Care Credit. If any account becomes delinquent, you may be held responsible for reasonable attorney fees, court costs, billing fees, and interest at 1.5% per month.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pets. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

**If paying by CHECK or CREDIT CARD, please complete the following:**

Driver's License: \_\_\_\_\_ Exp.: \_\_\_\_\_

**Signature of Owner or Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PET MEDICAL CENTER SUNLAND

## Surgery and/or Procedure Consent Form

I hereby authorize Pet Medical Center Sunland and its staff to perform the following procedure(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on (pet's name) \_\_\_\_\_

If any unforeseen condition arises, I authorize Pet Medical Center Sunland and its staff to carry out any additional or different procedures/treatments as deemed necessary to save the life of my pet, or to prevent harm to its health.

The nature and purpose of the procedures listed above, the risks involved, the possibility of complications and possible alternative methods of treatment have been fully explained to me. I understand and accept these risks and possible complications. Further, I acknowledge that no guarantee or assurance of a result has been made.

- I CONSENT TO THE ADMINISTRATION OF ANESTHESIA OR MILD SEDATION TO BE CARRIED OUT BY OR UNDER THE DIRECTION OF THE PROFESSIONAL STAFF OF PET MEDICAL CENTER SUNLAND, AND TO THE USE OF SUCH ANESTHETICS AS MAY BE DEEMED ADVISABLE.

-OR-

- I CONSENT TO THE PROCEDURE(S) LISTED ABOVE. I UNDERSTAND THAT NO ANESTHESIA OR SEDATION WILL BE USED AND I DO NOT CONSENT TO THE ADMINISTRATION OF ANESTHESIA OR MILD SEDATION.

**Signature of Owner/Authorized Agent** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE LIST DAYTIME PHONE NUMBERS WHERE YOU CAN BE REACHED **TODAY:**

**IMMEDIATE CONTACT NUMBER** (     ) \_\_\_\_\_

ALTERNATIVE CONTACT NUMBERS:

1: (     ) \_\_\_\_\_

2: (     ) \_\_\_\_\_

**Employee of Pet Medical Center-Sunland** \_\_\_\_\_