

Downey Veterinary Hospital

11220 Brookshire Ave. | Downey, CA 90241 | Phone 562-923-0763 | Fax 562-923-3636

For Office Use Only
Account #

ACCURATE MEDICAL RECORDS ARE CRITICAL. PLEASE FILL OUT COMPLETELY.

**** OWNER(S) MUST BE 18 YEARS OR OLDER ****

[Dr.] [Mr.] [Mrs.] [Ms.] [Miss] (Circle One)

Preferred Language: English [] Spanish []
Pet Insurance: Yes [] No []

OWNER'S LAST NAME _____ **FIRST NAME** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **HOME PH** () _____

E-MAIL ADDRESS _____ **CELL PH** () _____

DRIVER'S LIC #/Gov't Issued ID _____ **DATE OF BIRTH** _____

SOCIAL SECURITY:(required by law if a controlled substance is prescribed to your pet) _____

EMPLOYER _____ **WORK PHONE** () _____

ADDITIONAL AUTHORIZED OWNERS/AGENTS: (Anyone you give authorization to make decisions regarding your pet's health. Must be over 18 years old.)

Name: _____ **Phone #'s:** _____

Spouse() Domestic Partner() Fiancé() Boyfriend/girlfriend() Roommate() Friend() Parent() Family Member() _____

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Spouse() Domestic Partner() Fiancé() Boyfriend/girlfriend() Roommate() Friend() Parent() Family Member() _____

How did you hear about us? Client Referral: Name _____ Pet's Name _____

Sign _____ Social Media _____ Internet _____

By signing below, I understand and agree to the following policies:

- **ALL FEES ARE TO BE PAID at the time services are rendered.** We do not offer any form of billing or extend credit.
- There is a \$35.00 Cancellation/Rescheduling fee for any procedure not cancelled/rescheduled **72 hours PRIOR** to scheduled procedure.
- A \$25.00 late fee will be assessed each month for any outstanding balance 30 days past due. Accounts past due over 90 days will be subject to collections.
- A \$25.00 fee will be charged for returned checks.
- For some treatments or hospitalized care, a deposit is required. Treatment plans requiring comprehensive care of \$200.00 or more, will require a minimum 50% deposit to begin your pet's treatment.

I allow Downey Vet. Hosp. to share my pet's medical records with other clinics, boarding facilities, etc. as needed.
() Yes () No

I allow Downey Vet. Hosp. to take pictures of either myself, family and pets. () Yes () No

I allow Downey Vet. Hosp. to use me or my pet's image or likeness for marketing purposes (i.e. social media).
() Yes () No

Signature _____ **Date** _____

PET INFORMATION:

Pet's Name _____	Pet's Name _____
Date of Birth _____ Breed _____ Color _____	Date of Birth _____ Breed _____ Color _____
Sex: Female() Male() Neutered: Yes() No()	Sex: Female() Male() Neutered: Yes() No()
Micro Chip# _____	Micro Chip# _____