



Animal Hospital of Irvine

W e l c o m e !

Client Information			
Owner's First Name		Last Name	
Spouse/Co-Owner's First Name		Last Name	
Address			Apt #
City		State	Zip Code
Home Phone		Cell Phone	
Work Phone		Alternative Phone	
Owner's Email		Spouse/Co-Owner's Email	
Primary Contact (<i>circle one</i>): Home Cell Work Email			

Please tell us how you discovered Animal Hospital of Irvine (<i>circle one</i>):					We love to share photos of our cute patients on our website and Facebook page. Do we have your consent to do so? (Please circle one) YES or NO
Flyer	Yellow Pages	Shelter	Internet	Referred	
Other: _____					
If by internet, which search engine did you use? _____					
If referred, who referred you? _____					

We accept: Visa, American Express, Discover, Mastercard, CareCredit, Debit and Cash. *Checks will be accepted when you have been a patron of our clinic for at least two years.*

For Office Use Only	
<input type="radio"/>	N/C
<input type="radio"/>	REF

Authorization for Veterinary Services	
<i>I have been informed as to the nature of the treatment(s) and the risks involved. I accept that all procedures will be performed to the best of the abilities of the staff at this hospital and understand that there is no guarantee regarding the results that may be achieved. I agree to provide payment via cash or credit card at the time my pet is discharged from the hospital. I understand that any medication(s) purchased and dispensed from this facility are, by law, non-refundable and non-transferable. I have read and understand this consent, and I am over the age of 18.</i>	
Owner's Signature	Date Signed
Spouse/Co-Owner's Signature	Date Signed