

American Veterinary Hospital Inc.

2109 Tapo St., Suite 3
Simi Valley, Ca. 93063
(805)581-9111

Client Information

Date: _____

Name: _____
Last First Spouse/Significant Other

Address: _____
Street City State Zip Code

Phone numbers: _____
Home Work Cellular

Email Address: _____

Driver's License Number: _____ Expiration Date: _____

Your Employer: _____ Spouse's Employer: _____

Occupation: _____ Spouse's Occupation: _____

How did you hear of our hospital? _____

Patient Information

Name: _____ Species (indicate one): Dog Cat Rabbit Rat Mouse Guinea Pig Bird

Other _____ Breed: _____

Birth Date: _____ Male or Female? _____ Spayed/Neutered _____

How many other animals in your household? _____

Has your pet had any previous illness or surgeries? Yes/No _____
Describe

Is your pet currently on any medications? Yes/No _____
What medications?

Has your pet had any vaccines in the last 12 months? (Please indicate which):

(Dogs) ___ DHLP ___ Parvo ___ Rabies ___ Bordetella ___ Corona ___ Giardia ___ Rattlesnake

(Cats) ___ Feline Leukemia ___ FDVRCC ___ Rabies ___ FIP ___ Giardia

Permission to Treat/Hospital Policy and Release

I authorize the American Veterinary Hospital, and the professional staff of the American Veterinary Hospital to examine, perform diagnostics, and treat my companion animal. I understand that the practice of veterinary medicine is not an exact science, and acknowledge that no guarantees have been made to me as to the results of the treatment. I absolve the American Veterinary Hospital and its staff of any and all liabilities associated with the examination of my animal, and the diagnosis and treatment of its condition. I agree that I am responsible for the payment of all charges on my account for these services. and that the fee for all services is due and payable at the time of the office visit. An estimate of fees for services is available by request.

Signature

Date