

SWEETWATER VETERINARY CLINIC
33324 AGUA DULCE CANYON ROAD
AGUA DULCE, CA. 91390

DATE: _____

CLIENT I.D. # _____ E-MAIL ADDRESS _____

FIRST NAME _____ SPOUSE'S NAME: _____

LAST NAME _____ DRIVER'S LIC. # _____

ADDRESS _____ CITY/STATE: _____

ZIP CODE _____ PHONE # _____ WORK # _____ CELL# _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

PATIENT #1 NAME: _____ BREED: _____ D.O.B: _____

COLOR: _____ SEX: MALE _____ FEMALE _____ SPAYED _____ NEUTERED _____

VACCINATION HISTORY: DOGS 5 IN 1 (DATE) _____ RABIES _____ BORDETELLA _____
CATS 3 IN 1 (DATE) _____ RABIES _____
LEUKEMIA _____

ANY KNOWN DRUG REACTIONS OR ALLERGIES? _____

PATIENT #2 NAME: _____ BREED: _____ D.O.B: _____

COLOR: _____ SEX: MALE _____ FEMALE _____ SPAYED _____ NEUTERED _____

VACCINATION HISTORY: DOGS 5 IN 1 (DATE) _____ RABIES _____ BORDETELLA _____
CATS 3 IN 1 (DATE) _____ RABIES _____
LEUKEMIA _____

ANY KNOWN DRUG REACTIONS OR ALLERGIES? _____

HOSPITAL POLICIES

1. IF YOUR PET REQUIRES HOSPITALIZATION THE ADULT OWNER SHALL GIVE WRITTEN PERMISSION TO THE DR. TO PERFORM THE NECESSARY SERVICES.
2. MINIMUM DEPOSIT OF ONE HALF THE TOTAL ESTIMATED COST, OR \$100.00 WHICHEVER IS GREATER SHALL BE LEFT WITH THE RECEPTIONIST.
3. REPORTS ON THE PROGRESS OF HOSPITALIZED PETS MAY BE OBTAINED BY CALLING THE OFFICE AFTER 10:00AM.
4. **ACCOUNTS ARE PAYABLE IN FULL AT THE TIME YOUR PET IS RELEASED FROM THE HOSPITAL. VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER AND CARE CREDIT ARE ACCEPTED.**
5. OUR OFFICE MANAGER IS AUTHORIZED TO HANDLE YOUR ACCOUNT AND ANSWER ALL QUESTIONS PERTAINING TO FEES.
6. FEES ARE FOR CURRENT SERVICES ONLY AND DO NOT INCLUDE FOLLOW UP CARE.

I HAVE READ THE ABOVE POLICY.

PLEASE SIGN HERE _____