

ABORN PET HOSPITAL & GRIMMER BLVD VETEARINARY CLINIC Client Registration

Form 40951 Grimmer Blvd., Fremont, CA 94538

Phone: (510)656-0223 or (510)651-0707

Last Name	First Name	Initial	Spouse
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Home Phone	Cell Phone	Business Phone	Email
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Address	City	State	Zip Code
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Business Name	Business Address
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	Pet 1	Pet 2	Pet 3
Name			
Species (cat, dog, etc)			
Breed			
Color			
DOB			
Sex			
Altered?			
Dates of Last Vaccine			
DHLPP (dog)			
Corona (dog)			
Bordetella (dog)			
FVRCP (cat)			
FELV (cat)			
FIP (cat)			
Rabies (dog & cat)			
Heartworm Test (dog & cat)			
FELV/FIV Test (cat)			

How did you hear about ABORN PET HOSPITAL/GRIMMER BLVD VET CLINIC?

Please circle one (Yellow Pages, Advertisement, Coupon, Friend/Relative)

We like to thank our clients who refer new customers to us, so if you were referred to us by a client, please give us their name: _____

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I/we understand all services are to be paid in full at the time they are rendered. I/we agree to pay such fees in full at the time they are rendered by the following means:

Cash/Check/Visa/Mastercard/American Express/Discover/Debit

Check accepting policy:

1. Imprinted current address and telephone number
2. Valid California Driver's license # _____ Exp. _____

1. Treatment – I hereby authorize ABORN PET HOSPITAL/GRIMMER BLVD VET CLINIC to administer such treatment, surgery and additional procedures as necessary on the basis of the findings during examination.

2. Payment – The undersigned agrees whether he/she signs as owner or agent, that in consideration of the services rendered to the above patient, he/she obligates himself/herself to pay all fees incurred at the time the patient is released. The undersigned certifies he/she has read and understands the preceding and has had a full explanation of all treatment and fees, as well as all risks associated with such treatments, anesthetics, and surgeries. The undersigned certifies he/she is eighteen (18) years of age and that he/she is the owner and/or owner's agent of the above animal and is duly authorized to execute the above and accept its terms.

3. Discharge – I shall remove the patient from Aborn Pet Hospital within the three (3) days after being notified the patient is to be discharged. If not removed within three (3) days, the undersigned relinquishes all claim to the patient and the hospital shall be free to make whatever disposition of the patient it deems appropriate. Notice to remove the patient may be given in person, by telephone, or by mail to the undersigned owner or agent.

4. All sales are final. No returns.

5. No personnel on premises after clinic hours.

Signature: _____ Date: _____ SSN (optional): _____