



CLIENT INFORMATION

Title: (please circle one) Name: (First) (M.) (Last)
Miss, Mr., Mrs., Ms., Dr. _____

Address: _____

E-mail Address: _____ Cell Phone: _____

Home Phone: _____

Owner Date of Birth: _____ Other Phone: _____

CO-GUARDIAN INFORMATION

Title: (please circle one) Name: (First) (M.) (Last)
Miss, Mr., Mrs., Ms., Dr. _____

Cell Phone: _____ Home Phone: _____

HOW DID YOU HEAR ABOUT US?

Internet (NET008) Yelp (NET007)
Our Website (NET009) Clinic Sign (SIGN)
Friend or Current Client: _____ Other: _____

If you are seeing one of our Specialty or Emergency Doctors:

Who is your regular Veterinary Hospital? _____
Would you like us to send your pet's records to them?
Yes No

If you were referred by your regular veterinary care provider:

Your primary veterinarian has referred you to us for emergency services, diagnostic testing and/or advanced treatment. We respect the relationship you have with your regular veterinarian and we will be managing only the condition for which your pet was referred. We will direct you back to your primary care veterinarian for any future care.

Please initial to indicate that you have read and understood the statement above: _____

PET INFORMATION

Name: _____

Sex: _____ Neutered/Spayed? _____

Date of Birth: _____ Species: _____

Breed: _____ Color: _____

PET INFORMATION

Name: _____

Sex: _____ Neutered/Spayed? _____

Date of Birth: _____ Species: _____

Breed: _____ Color: _____

PHOTO AUTHORIZATION

At Berkeley Dog and Cat Hospital we love our patients and sometimes we want to take and share their picture on our social networking sites, website, print or other advertising. In order for us to share their pictures we need your permission to do so.

Berkeley Dog and Cat MAY take & use photos of my pet: YES NO

I hereby authorize the veterinarian and support staff of Berkeley Dog & Cat Hospital to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I, as the owner or acting on behalf of the owner, assume responsibility for all the charges incurred in the care of this animal, including the estimate of charges provided to me in person or over the telephone. I hereby authorize the name(s) above to make financial and medical decisions for the patient listed. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital. All accounts left unpaid after 30 days will accrue a 1.6% monthly finance charge as well as a \$3.00 statement fee. Past due accounts are subject to costs of collection and legal fees.

Signature of Authorized guardian _____ Date _____

Signature of Co-guardian _____ Date _____