



**Please print clearly and fill out form completely. All information will be confidential.**

Name:	Spouse/Partner's Name:
DOB:	DOB:

Date of Birth is required by DEA for dispensing of controlled drugs.

Email:	Email:
Mobile Phone:	Mobile Phone:
Home Phone:	Home Phone:

Medical reminders and appointment confirmations will be communicated via email and or a phone call. Please **mark the box** next to the email address and phone number you would like to have as your primary. Please update your email spam filters to keep emails from jamulvetoffice@gmail.com

Children's Names:	
Employer/Occupation:	Employer/Occupation:
Work Phone:	Work Phone:
Driver's License:	Driver's License:

Home Address:	Unit/Apt:
City/State/Zip:	

***Please list all pets at home:***

Pet's Name	Cat/Dog	Date of Birth	M/F	Spayed/ Neutered	Breed/ Description

**PLEASE COMPLETE NEXT SIDE**

Do you have Pet Insurance: \_\_\_\_\_

Name: \_\_\_\_\_

Is your pet current on all vaccinations? Please bring paperwork if Yes. \_\_\_\_\_

Is your pet on any special food or taking any medications/supplements?  
\_\_\_\_\_

Have any of your pets shown signs of aggression or fear? Please list pet's name(s)  
\_\_\_\_\_

How did you hear about our Hospital? \_\_\_\_\_

Please Initial Below:

\_\_\_\_\_ Appointment cancellation must be made at least 24 hours in advance.

\_\_\_\_\_ Written estimates will be provided upon request, and are valid for 90 days after. All fees are due at the time services are rendered. We accept cash, personal checks, and major credit cards. There will be a \$35.00 service charge for any checks returned unpaid.

\_\_\_\_\_ Although we do not offer billing services we accept Master Card, Visa, Discover and American Express. Please ask us about Scratch Pay if you wish to arrange financing.

\_\_\_\_\_ Should this account become delinquent, I understand that I am responsible for any and all legal fees, court costs, and collection charges involved as a result of any collection activity.

\_\_\_\_\_ Hospital personnel are not here 24 hours a day. Patient care may be provided on a limited basis during overnight hours only deemed as necessary by attending veterinarian, and additional charges will be stated in the estimate.

\_\_\_\_\_ I give consent for Jamul Veterinary Hospital to release medical records of my pets when requested (I.e. emergency clinic, other veterinary hospital, pet insurance agency, etc.).

**If you have adopted your pet from a shelter or purchased from a breeder, please bring in or fax us all the paperwork given to you.**

Signature of owner/responsible agent for pet(s)

\_\_\_\_\_

Date \_\_\_\_\_

