

BIRD & PET CLINIC OF ROSEVILLE

Client Information:

Client ID: _____

Primary: _____ Secondary: _____
First/Last: _____ First/Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ DOB: ____/____/____

Employer: _____ Work Phone: (____) _____ Ext. _____

For check writing purposes, please provide your Driver's License #: _____ Exp. ____/____/____

Consent Form for Treatment and/or Admission

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet(s) identified below, certify that **I AM** eighteen years of age or over. I understand that an estimate of the fees for veterinary services is available to me upon request and that I am encouraged to discuss all fees related to the care of my pet before services are rendered and during my pet's ongoing medical treatment. **All payments are due at the time of service.** I agree to assume financial responsibility for all fees and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital.

ALL FEES ARE TO BE PAID AT THE TIME OF SERVICE

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, DISCOVER, CARE CREDIT AND DEBIT/ATM CARDS

Signature: _____ Date: _____

Patient Information: (Circle One)

Pet's Name: _____ Sex: Male Female Spayed or Neutered? Yes No

Species: Dog Cat Bird Ferret Reptile Rabbit Other: _____

DOB: ____/____/____ Breed: _____ Color: _____

Who is your pet's previous veterinarian? _____ Phone: (____) _____

Patient Information: (Circle One)

Pet's Name: _____ Sex: Male Female Spayed or Neutered? Yes No

Species: Dog Cat Bird Ferret Reptile Rabbit Other: _____

DOB: ____/____/____ Breed: _____ Color: _____

Who is your pet's previous veterinarian? _____ Phone: (____) _____

Patient Information: (Circle One)

Pet's Name: _____ Sex: Male Female Spayed or Neutered? Yes No

Species: Dog Cat Bird Ferret Reptile Rabbit Other: _____

DOB: ____/____/____ Breed: _____ Color: _____

Who is your pet's previous veterinarian? _____ Phone: (____) _____