

# 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: (\_\_\_\_) \_\_\_\_\_