Tel: (657)900-2263 Fax: (657) 202-8836

2781 W. Macarthur Blvd. Ste G3

Santa Ana, California 92704   
 [healthierpetveterinarycare.com](http://healthierpetveterinarycare.com/)

**WELCOME to Healthier Pet Veterinary Care**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ –\_\_\_\_\_\_\_\_\_\_\_\_

Alternative phone: (\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_Email mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver's License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required for medication dispensing)

How did you find our clinic? Personal recommendation \_\_\_\_Whom can we thank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street sign/Walk in \_\_\_\_Yelp \_\_\_\_ Google \_\_\_\_ Facebook \_\_\_\_Instagram \_\_\_\_Other \_\_\_\_

You agree that HPVC may send you periodic SMS or MMS messages containing but not limited to important information, appointment confirmations, and service promotions. Yes\_\_\_\_ No\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **PET/s INFORMATION** | **PET 1** | **PET 2** | **PET 3** |
| NAME |  |  |  |
| BREED |  |  |  |
| DATE OF BIRTH/AGE |  |  |  |
| SEX/ ALTERED |  |  |  |
| **LAST DATE YOUR PET’S VACCINATION WERE GIVEN (MONTH-DATE-YEAR)** | | | |
| RABIES (cat or dog) |  |  |  |
| DAPP (dogs only) |  |  |  |
| BORDETELLA (dogs only) |  |  |  |
| FVRCP (cats only) |  |  |  |
| LEUKEMIA (cats only) |  |  |  |
| OTHER VACCINES |  |  |  |

Are your pet(s) on any special diets or medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known allergies or vaccine reactions in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL FEES ARE EXPECTED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT/HOSPITAL STAY. PLEASE ASK ABOUT PAYMENT PLANS OFFERED.

WE ACCEPT ALL MAJOR CREDIT CARDS: , VISA, MASTERCARD, DICOVER.

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of Healthier Pet Veterinary Care to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. I understand that unpaid balances over 30 days are subject to a monthly 1.5% finance charge.

In the event any balance due is not paid as agreed or refund is requested by credit card company, the undersigned jointly and severally agrees to pay all costs including said unpaid balance, attorney fees, billing fees, collection fees, and finance charges.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_