

# Madison Avenue Veterinary Clinic

8520 Madison Ave., Fair Oaks, CA 95628  
(916) 961-1541



Thank you for giving us the opportunity to care for your pet. So we can better serve you, please complete the following:

Owner: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Last First Initial Last First Initial

Address: \_\_\_\_\_  
Street Apt # City State Zip

Home/Cell #: ( ) \_\_\_\_\_ Work/Cell #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Spouse Work/Cell: ( ) \_\_\_\_\_  
(circle one)

Employment: \_\_\_\_\_ Spouse Employment: \_\_\_\_\_

How did you learn of our clinic?  Yellow Pages  Internet  Referral

If referral, whom may we thank? \_\_\_\_\_

All fees are due upon release of patient. Initial \_\_\_\_\_

Please indicate your choice of payment:  Cash  Visa/MC  Check  Other: \_\_\_\_\_

**PET INFORMATION (Please fill in the following information for each pet.)**

|               | Pet 1  | Pet 2  | Pet 3  |
|---------------|--|--|--|
| Name          |  |  |  |
| Species/Breed |  |  |  |
| Color         |  |  |  |
| Date of Birth |  |  |  |
| Microchip #   |  |  |  |
| Sex/Altered?  | Male <input type="checkbox"/> Neutered <input type="checkbox"/> Y <input type="checkbox"/> N<br>Female <input type="checkbox"/> Spayed <input type="checkbox"/> Y <input type="checkbox"/> N | Male <input type="checkbox"/> Neutered <input type="checkbox"/> Y <input type="checkbox"/> N<br>Female <input type="checkbox"/> Spayed <input type="checkbox"/> Y <input type="checkbox"/> N | Male <input type="checkbox"/> Neutered <input type="checkbox"/> Y <input type="checkbox"/> N<br>Female <input type="checkbox"/> Spayed <input type="checkbox"/> Y <input type="checkbox"/> N |

We, the undersigned owner or authorized agent of the pet identified herein, hereby consent to the examination of my pet by staff veterinarians at Madison Avenue Veterinary Clinic and, after consultation with the staff veterinarian, to prescribe, treat, hospitalize, anesthetize, or perform surgery on my animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, the staff of Madison Avenue Veterinary Clinic has my permission to provide such treatment and I agree to pay for such care. I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's admission. I agree to assume financial responsibility for the balance of ALL services rendered on a cash, credit card, or check basis at the time my pet is discharged from the clinic. In the event of an open balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance.

Signature of Owner / Agent \_\_\_\_\_

Date \_\_\_\_\_