Welcome to
San Clemente Veterinary Hospital

We are excited you have chosen us to care for your pet and we look forward to assisting you! Please help us better meet your needs by taking a few moments to fill out this information sheet.

Client Information:

Name: _____Primary Phone: (_____) _____

Address: _____City: _____

State: _____ Zip Code: _____ Email: _____

Date of Birth: _____
(This information is required for the dispensation of controlled substances)

Co-Owner's Name or Authorized Agent: _____

Primary Phone: (_____) _____ Email: _____
(This person may make medical and financial decisions regarding your pet in your absence)

We offer a 10% discount on services for senior citizens (62 years or older) and active military personnel. Please let us know if you are eligible for the discount.
☐ Senior Citizen ☐ Active Military

Pet Information:

Name: _____Date of Birth: _____ Species: _____

Breed: _____Sex: ☐ Male or ☐ Female and ☐ Spayed / Neutered

☐ Microchipped: Microchip Number: _____

History of Vaccine or Reaction: ☐ No ☐ Yes → Please describe:

_____

Currently Taking Any Medications: ☐ No ☐ *Yes (If yes, please list medications with dosages of frequency of administration)*

_____

_____

History of Allergies to Medications: ☐ No Known Drug Allergies
☐ Yes → Medication(s): _____

Reaction(s): _____

Name: _____Date of Birth: _____ Species: _____

Breed: _____Sex: ☐ Male or ☐ Female and ☐ Spayed / Neutered

☐ Microchipped: Microchip Number: _____

History of Vaccine or Reaction: ☐ No ☐ Yes → Please describe:

_____

Currently Taking Any Medications: ☐ No ☐ *Yes (If yes, please list medications with dosages of frequency of administration)*

_____

_____

History of Allergies to Medications: ☐ No Known Drug Allergies
☐ Yes → Medication(s): _____

Reaction(s): _____

Veterinary Hospital that has previous records: _____

How did you hear about us?
☐ Referral ☐ Social Media ☐ Google ☐ Drove By ☐ Facebook ☐ Website

Please Read and Initial Below:

I am the owner (or authorized agent for the owner, and I am eighteen years of age or older) of the pet(s) named above. I authorize **San Clemente Veterinary Hospital,** its veterinarians, technicians, and assistants to perform services, procedures, diagnostics, vaccinations, treatments, and/or administration of medications as deemed necessary or advisable in connection with or relating to the matters described in the attached estimate/treatment plan or the matters that have otherwise been explained by the San Clemente Veterinary Hospital veterinarian or other staff member. I understand there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. I also understand that there is no guarantee as to the results of any procedures, diagnostics, vaccinations, or treatments. I understand that I may ask questions regarding any procedure, diagnostic, vaccination, or treatment recommended by San Clemente Veterinary Hospital before it is performed.

☐ (initials)

I understand that payment is due, in full at the time services are rendered. Payments accepted are Cash, Visa, Mastercard, American Express, Discover Card, Scratch Pay Lending, and Care Credit. We do not accept checks. We do not offer payment plans. A deposit of 75% of fees totaling over $500.00 will be collected before diagnostics and/or treatments will be performed. A $200 deposit is required for all scheduled surgeries. Deposits of $500.00 are required for all specialty appointments at booking. Failure to provide no less than 72 hours of cancellation notice for specialty appointments will result in loss of deposit.

☐ (initials)

I agree that myself and any authorized agent that represents me will always treat all staff members and other clients with respect. I understand that San Clemente Veterinary Hospital has zero tolerance for swearing, yelling, or disrespectful speech toward any staff member or other client. Behavior as such can result in termination of care. All staff members are empowered to report all abuse from clients.

☐ (initials)

I agree to always keep my pet on a leash or in a carrier while in the lobby for patient and human safety. I agree to inform the staff if my pet has ever been aggressive, bitten anyone or required a muzzle or extra restraint in any past circumstances, veterinary related or otherwise.

☐ (initials)

I authorize San Clemente Veterinary Hospital to share my pet's medical records with facilities when requested by a third party, such as a veterinary clinic, groomer, boarding facility, training, day care, insurance, etc. or with law enforcement, animal control, etc.

☐ (initials)

By initialing the box, I have been notified that I have the choice to have my medications filled at San Clemente Veterinary Hospital or at the pharmacy of my choice. San Clemente Veterinary Hospital will only authorize electronic prescriptions on our own online pharmacy. For outside pharmacies, a written script will be created and available for you to pick up from the front office within 48 hours.

☐ (initials)

I hereby give San Clemente Veterinary Hospital permission to take photographs and videos of me and my pet for either entertainment or for the educational purpose of posting on San Clemente Veterinary Hospital's Facebook, Tik Tok, Instagram, other social media sites and clinic website without payment or any other consideration. I hereby release and discharge San Clemente Veterinary Hospital from any and all claims arising out of use of the photos. I waive the right to inspect or approve any finished product in which my likeness appears, including written or electronic copy.

☐ (initials)

I hereby acknowledged that the veterinarians of **San Clemente Veterinary Hospital** and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") may rely on this consent and have full and complete authority to make any decision, provide any care and to perform any other procedure or treatment that, at the veterinarian's discretion, may be deemed medically necessary for my pet(s). I do hereby forever release and discharge the Hospital from any and all liability arising from any of the foregoing or anything that may happen following, arising from or related to this consent. I have read and understand this consent.

Owner's Signature: _____

Date: _____

Entered in Cornerstone by (employee Initials): _____