

# WELCOME TO EAST VALLEY PET HOSPITAL

EVPH USE ONLY

Client ID: \_\_\_\_\_

Staff: \_\_\_\_\_

*We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you and maintaining your pet's health.*

## **OWNER'S INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Spouse # \_\_\_\_\_

Employer \_\_\_\_\_ E-mail \_\_\_\_\_

**(If you would like to receive vaccine reminders for your pet, an E-Mail address is required.)**

How did you hear about our clinic? \_\_\_\_\_ Who may we thank for referring you? \_\_\_\_\_

## **PET INFORMATION**

1. Pet's name \_\_\_\_\_ Dog / Cat DOB \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered: Yes / No

Prior illness \_\_\_\_\_ Prior surgery \_\_\_\_\_ Reason for visit \_\_\_\_\_

History of Seizures Yes OR No. If Yes, When was last seizure? \_\_\_\_\_

Pet's Mannerisms: \_\_\_\_\_ Friendly \_\_\_\_\_ Shy \_\_\_\_\_ May Bite \_\_\_\_\_ Dog Aggressive \_\_\_\_\_ Other: \_\_\_\_\_

2. Pet's name \_\_\_\_\_ Dog / Cat DOB/Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered: Yes / No

Prior illness \_\_\_\_\_ Prior surgery \_\_\_\_\_ Reason for visit \_\_\_\_\_

History of Seizures Yes OR No. If Yes, When was last seizure? \_\_\_\_\_

Pet's Mannerisms: \_\_\_\_\_ Friendly \_\_\_\_\_ Shy \_\_\_\_\_ May Bite \_\_\_\_\_ Dog Aggressive \_\_\_\_\_ Other: \_\_\_\_\_

What form of payment will you be using for services today? \_\_\_\_\_

We will gladly prepare a written estimate of service fees. All professional fees are due at the time services are rendered. We accept all major credit cards, Care Credit & Cash. **We do not accept 2nd party checks, out of state checks, or 2nd party credit cards (cardholder must be present).** To prevent the spread of disease, all hospitalized pets should be current on vaccines and free from external parasites. Owner's signature below authorizes this level of preventive care and appropriate charges will be assessed on the invoice. **Your signature also gives East Valley Pet Hospital permission to use photos of your pet (stories of interest) on social media sites (i.e.- our website, Facebook, Instagram. No last names will be used.)**

Signature of Owner/Responsible Party: \_\_\_\_\_

# VACCINE WAIVER

## *Release of Liability*

Your pet(s) is receiving vaccine(s) at our clinic. Vaccines are intended to protect and prevent against disease. We only vaccinate healthy pets who are not exhibiting any signs of illness. This may include, but is not limited to, vomiting, diarrhea, coughing, wheezing, weight loss, lethargy, fever, anorexia, dehydration, or heat stroke. Although rare, the use of a biological product may produce anaphylaxis and/or other inflammatory immune-mediated hypersensitivity which can occur at any age, in any breed of dog or cat, at any time.

Emergency treatment for anaphylaxis may be indicated immediately or for up to 72 hours after vaccination has occurred. The severity of a vaccine reaction can vary from pet to pet.

I understand that my pet may have a reaction to a vaccine and I have informed East Valley Pet Hospital of any previous anaphylaxis history prior to my pet being vaccinated. In the event my pet may need emergency treatment, I release East Valley Pet Hospital from all liability, as well as any responsibility for any medical bills incurred and agree to payment in full at time of treatment and releasing of my pet from clinic. Revaccination at 3 week intervals is very important for the proper immunization of puppies or kittens less than 6 months of age and older pets receiving a vaccine for the first time.

Cases may vary. A doctor or technician will advise you at the time of your visit.

After hours observation is not provided by our clinic. In the event of anaphylaxis, your pet may require further care at an after-hours emergency facility of your choice.

Signature of owner/Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

***For emergency clinics please call to verify hours of operation.***

**\*\*\*Animal Emergency Clinic- Grand Terrace**  
**22085 Commerce Way, Grand Terrace, CA 92313**  
**(909) 825-9350**

**Emergency Pet Hospital of Redlands**  
**2072 W Redlands Blvd, Redlands, CA 92373**  
**(909) 793-5999**