

# Laurel Pet Hospital

## Client Registration Form

<b>Owner Name (Last, First)</b>			<b>Primary Phone/Cell</b>	Co-Owner's Name (Spouse, Friend, Partner etc)	Cell Phone
<b>Address needed for medications</b>			<b>Apt</b>	Address	Apt
<b>City</b>	<b>State</b>	<b>Zip</b>		City	State Zip
<b>Social Security Number (needed for medications)</b>		<b>Work Number</b>		Occupation	Work Phone
<b>Occupation</b>	<b>State</b>	<b>Zip</b>		Address, City	State Zip
<b>Owner's Email</b>				Co-Owner's Email	
<b>Owner's Drivers License #/State needed for medications</b>		<b>Owner's Date of Birth</b>		Co-Owner's Drivers License #/State	Co-Owner's Date of Birth

Referred by: \_\_\_\_\_

I/We authorize Laurel Pet Hospital and the assistants of their choice to render and perform any and all necessary medical treatments and surgical operations as it/they decide to be necessary or advisable upon the animal. I/We further authorize the administration of such anesthetics, treatments, and immunizations against disease as may be deemed necessary while the animal is in the custody or possession of Laurel Pet Hospital. I/We hereby release Laurel Pet Hospital and its assistants from any liability of reason of any act herein the above authorized. I/We further understand that no guarantee of successful treatment is made. I agree to pay all fees uncured at the time of release of my pet. Any animal not picked up within the time required by Sec. 1834.5 of the California Civil Code shall be deemed abandoned by the owner and will be adopted out or disposed of according to Sec. 1834.5 of the California Civil code. Veterinary service is provided during the night time hours at the discretion of the veterinarian in charge. Continuous presence of qualified personal may not be provided.

**Owner Signature:** \_\_\_\_\_

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