



11057 E. Rosecrans Avenue, Norwalk, California 90650
Phone (562) 863-2522 • Fax (562) 863-0643



Welcome!

You and your pet are very important to us. Please help us give your pet the very best care possible by providing the following essential information (please print clearly) . . .

Please tell us about you:

All information you provide is for our office use only and will be kept strictly confidential.

This information will help us contact you about your pet.

This information will help us set up your account properly.

Form fields for personal information: Your First Name — MI — Last Name, Your Email Address, Spouse's First Name — MI — Last Name, Spouse's Email Address, Home Phone, Your Cell Phone, Spouse's Cell Phone, Street Address, Apt. No., City, State ZIP, Driver License Number, State, Expiration Date, Your Birth Date, Social Security Number.

How can we reach you at work?

Form fields for work contact: Your Employer — City, State (your work location), Your Work Phone Number, Spouse's Employer — City, State (your spouse's work location), Spouse's Work Phone Number.

Who else is authorized to make decisions about your pet or to pick up your pet from the clinic?

Form fields for additional authorized person: Additional Owner's/Agent's Full Name, Email Address, Home Phone Number, Cell Phone Number.

Please tell us about your pet:

Pet information form: Name, Sex (Male, Female, Spayed/Neutered, Unknown), Breed, Color, Birth date, Date of last vaccination, Date of last rabies vaccination, Dr. (Your pet's regular veterinarian, None, Your pet's regular veterinary hospital, None).

How did you learn about our clinic?

Form fields for clinic discovery: My vet, A friend, Exterior sign, Clinic location, Yellow pages, Internet, Other.

How do you prefer to pay for today's services?

Form fields for payment preference: Cash, Check\*, Visa/MasterCard/Discover/American Express\*, ATM.

\*Identification is required, and the account holder must be present.



## Consent for Exam, Consultation, and Treatment

I am the owner of the pet identified above or am the agent of the pet's owner.

I consent to the examination of my pet by the staff veterinarians at Crossroads Animal Emergency & Referral Center. I understand that after the examination of my pet, an initial **Health Care Plan** will be given to me and that diagnostic services, outpatient treatment, or prescribed medication will be provided **only** with my approval.

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** related to my pet's case **before services are rendered** and during my pet's ongoing medical treatment.

I understand that I will be given a **separate estimate and consent form for hospitalization, anesthesia, or surgery** on my pet.

I agree to be responsible for all charges relating to my pet's medical care. I understand that Crossroads Animal Emergency & Referral Center does not extend credit and that **payment is due at the time of service.**

I understand that any **unpaid balances** will be subject to court costs and attorney fees. Returned checks are subject to a \$25 fee.

I understand that if my pet is hospitalized, the **pick-up time is between 7:00 and 7:30 a.m.** Any pets not picked up by 7:30 a.m. are subject to a hospitalization charge starting at \$110.

I understand and agree that **this agreement contains my entire agreement** with Crossroads Animal Emergency & Referral Center regarding its subject matter and supersedes all other agreements and understandings, whether written or oral. This is an integrated agreement. I also agree that the presumption that any ambiguity in this agreement be construed against the drafter shall not apply.

**I certify that:**

\_\_\_\_\_ I am at least 18 years of age.  
*Initials*

\_\_\_\_\_ I am NOT at least 18 years of age.\*  
*Initials*

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please PRINT Your Name

\_\_\_\_\_  
Staff Witness

\*We cannot accept a consent signature from a minor under 18 years of age.