



# CARE

Animal Hospital

29738 Rancho California Rd., Suite A  
Temecula, CA 92591  
951-676-4690



Client # (Office Use)

## CLIENT INFORMATION

OWNER INFORMATION	Mr / Mrs/ Dr Ms/ Miss (Circle One)			Home Phone #
	Last Name	First Name	Middle	
Street			City	State Zip
EMPLOYER INFORMATION	Business name			Business #
	Street			
SPOUSE/CO-OWNER INFORMATION	Last Name			Home Phone #
	First Name			
Street			City	State Zip
SPOUSE EMPLOYER INFORMATION	Business Name			Business #
	Street			
E-MAIL ADDRESS				

**I understand that full payment is required at the time of service for all charges incurred. We accept Cash, Debit, Care Credit, Visa, Mastercard, American Express and Discover. A deposit of at least **50 %** of the quoted estimate is required in order to begin treatment of hospitalized patients for established clients. Full deposit is required for all exotic hospitalized patients and new clients. Payment in full of the remaining balance must be made when the patient is released. There may be times when no personnel are on the premises.**

### How were you referred to us?

(Internet, Phone Book, Friend, Direct Mail Ad  
Pet Store, Website, Other) \_\_\_\_\_

I have read and will comply with these terms.

\_\_\_\_\_  
Signature (Owner or Authorized Agent)

If a friend referred you, please let us know so  
we may thank them! \_\_\_\_\_

\_\_\_\_\_  
Date

OWNERS DATE OF BIRTH

\_\_\_\_/\_\_\_\_/\_\_\_\_

**In the event a controlled medication is dispensed to your pet,  
California State law requires us to keep OWNERS date of birth on file**