BROADWAY PET HOSPITAL
1000 BROADWAY ST
VALLEJO, CA 94590
(707) 642-0633

Owner & Patient Registration Form
(Must be 18 years or older)
Please Print and Complete all Information

Owner's Name: _____
Last First Middle Initial Spouse's Name

Address: _____
City State Zip

Home Phone # _____ Work # _____ Cell # _____

Employer: _____ Occupation: _____ ☐ Email: _____ @ _____

Name:	Dog/Cat	Male/Female	Breed	Color	Birth date / Age	Spayed / Neutered
Pet 1:						
Pet 2:						
Pet 3:						

What was the last kind of treatment? _____ ***Any Allergies to Medications*** _____
(Exam, Shots, etc.)

Previous Doctor's Name
Or Hospital Name _____ May we request your pet's health record from him / her?
YES NO

How did you learn about our hospital? Valley Yellow Pages or ATT Yellow Pages Hospital Sign
(Please circle all that apply) Internet Recommended ~ if so who _____

Reason for Today's Visit: _____

Indicate how your account will be paid: (please circle all that apply)
CASH CREDIT CARD ATM/Debit

Drivers License# _____
Exp Date/DOB _____

I, the undersigned, owner or authorized agent of the above pet, hereby authorize the admitting veterinarian and/or his designated associates or assistant(s) to administer such treatment as is therapeutically or diagnostically necessary for the benefit of this pet. This may include the administration of such anesthetics as are necessary.
~ I do / do not authorize additional treatment without my approval. Initial of owner or agent _____

I further understand that no guarantee of successful treatment is made. (I hereby certify that I have read and fully understand this as well as its advantages and possible complications of treatment, if any.) I also assume financial responsibility for all charges incurred to this pet, and agree to pay all such charges at the time of the release of the patient.

ALL SERVICES OF THIS CLINIC MUST BE PAID BEFORE THE ANIMAL CAN BE RELEASED. NO BILLING PLEASE

Broadway Pet Hospital is authorized to dispose of the above animal (under the California Abandoned Animal Act.) unless the owner or authorized agent, calls and pays all the accrued charges on the animal within three (3) days of notification that the animal is ready to be released from the hospital. This action will however not relieve me from paying all charges rendered, and all legal and/or court cost incurred in connection with collection for services.

Continuous presence of personnel may not be provided in after hours. Please contact Emergency Clinic at **707-864-8563**

_____ _____
Date Signature of Owner or Responsible Agent