MONROVIA ANIMAL MEDICAL CENTER
NEW CLIENT RECORD

Owner _____ Spouse _____
Last, First Last, First

Authorized Owner Representatives or Family Members_____

Address _____
Street Apt/Unit #

_____
City State Zip Code

Home Phone _____Cell/Pager _____

Emergency # _____E-mail address _____

I would prefer to receive reminders via: □ E-mail □ Post Card

Employer's _____
Name of Company Address

If necessary, may we call you at work?

_____ □ Yes □ No
Work Phone Ext

Spouse _____
Name of Company Address

If necessary, may we call you at work?

_____ □ Yes □ No
Work Phone Ext

How did you become aware of our hospital?

□ Internet □ Adoption Agency □ Community Event □ Hospital Sign
□ Yellow Pages □ Mailer □ Ad/Newspaper □ News Story
□ Friend/Relative(Please Specify) _____
□ Veterinarian Referral _____
Doctor Hospital

Consent for Exam

A written estimate of fees will be provided following the initial exam prior to continuing any diagnostic and/or treatment procedures. I realize that actual expenses may differ from the estimate dependent on the patient's condition and length of stay in the hospital. This veterinary hospital will try to contact me if emergency treatment is required. I also understand and will be responsible for expenses incurred in an emergency when I cannot be reached or there is no time to contact me. I will be fully responsible for all expenses incurred through the animal's diagnosis and treatment.

ALL FEES ARE EXPECTED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.
A DEPOSIT MAY BE REQUIRED IF THE ANIMAL IS BEING HOSPITALIZED.

Please indicate method of payment: I am eligible for a senior discount (65 years or older) ڤ

□ Cash/ATM □ Visa/MasterCard □ Discover □ Care Credit Financing
(Application & Approval Required)
□ Check w/ Driver's License _____
License#

In the event any balance is not paid as agreed, the undersigned agrees to pay all costs including said unpaid balance, a reasonable collection fee, finance charges, and/or attorneys' fees.

Owner Signature:_____ Date:_____

(Please Complete Back Side)