

Erickson Veterinary Hospital
Lewis H. Brogan, DVM Sarah E. Walker,
11181 Midway, Chico, CA 95928 (530) 343-5896

Owner Information (please print)

Last Name, First: _____

Street Address: _____

City, State: _____ Zip _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Employer: _____

***PLEASE NOTE: cash only if no ID is provided. Thank you!**

Pet Information:

Pet #1 Name: _____

Breed: _____ Color: _____

Canine/Feline _____ Male/Female _____

Spay/Neuter _____ Birthdate: _____

Vaccination History: _____

Previous Veterinarian/Hospital (name/address/phone): _____

DOB: _____ (required for Rx)

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Work Number: _____

Spouse's Driver License #: _____

Referred by: _____

Email address: _____

***Owner's driver's license #** _____

***Owner's SS#** _____

Pet #2 Name: _____

Breed: _____ Color: _____

Canine/Feline _____ Male/Female _____

Spay/Neuter _____ Birthdate: _____

Vaccination History: _____

Owner's Responsibility:

Method of Payment: (please circle one) Cash Visa/MC/Discover Debit Care Credit **(No checks)**

Credit card # (boarding/surgical services): _____ exp _____ zip _____

Payment is required for all services at the time they are rendered unless prior arrangements have been made with hospital management. In the event that a refund is due and the original payment is a credit card, the refund will be posted against the original credit card. We accept credit card payments over the phone with prior approval. All returned checks are subject to a \$25.00 service fee. A 90-day old account balance is subject for collection efforts and a \$25.00 collection fee will be assessed. Your signature below signifies your understanding and willingness to comply with the hospital's payment terms. In some cases, a deposit may be required before proceeding.

Veterinary Consent: I authorize Erickson Veterinary Hospital to perform the treatment/procedure(s) described in my pet's chart. I will be informed of the reasons for the treatment/procedure(s), along with the expected benefits and risks involved. I understand that unforeseen conditions may require an extension of a planned procedure and/or surgery. I hereby authorize the performance of such procedures or surgeries as are necessary and advisable in the professional judgment of Drs. Brogan and Walker or a relief veterinarian. I understand that I assume all risks and am responsible for all costs involved.

Signature of Owner

Date

R: 03.06.12