



ECONÓMICO

ANIMAL HOSPITAL

FOR FIRST TIME CLIENTS

1451 W. Artesia Blvd. Suite #3 Gardena, CA 90248 • Tel: 310.243.6599 / Fax: 310.817.6152

HOW DID YOU HEAR ABOUT US?

- Friend or Family Member _____
 Sign
 Print Advertisement
 Internet Search Engine
 Website
 Direct Mail
 Other _____

CLIENT INFORMATION

Client Name _____
Last First Date of Birth Spouse's Last and First Name

Address _____
Number and Street City State Zip Code

Client Email Address _____
(We use your e-mail address to send patient updates, special promotions, and coupons if you opt to receive it.)

Client Phone _____
Home Work Cell

Spouse Phone _____
Work Cell

Alternate Emergency Contact _____
Name Phone Number

PET INFORMATION

	PET 1	PET 2	PET 3	PET 4
Name				
Dog or Cat				
Breed				
Color/Markings				
Age or Date of Birth				
Male or Female				
Spayed/Neutered?				
Microchip (Yes or No)? Number?				

May we use photos of your pet on our website and SNS? Yes No

METHOD OF PAYMENT

PLEASE LET US KNOW THE METHOD OF PAYMENT. **PLEASE CIRCLE**

DEBIT CARD	CASH	CREDIT CARD	CARE CREDIT	PET INSURANCE
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NOTICE OF ABANDONMENT

If, after (5) days from the date of written notice, your pet is not picked up it will be considered abandoned and may be humanely euthanized, adopted out or handled in any manner deemed appropriate by Económico Animal Hospital. It is understood that this does not relieve me from paying all of the fees for services, use of hospital, cost of keeping the animal, or collection fees.

CONSENT TO TREATMENT AND GUARANTEE OF PAYMENT

Consent to Treatment and/or Admission: I have been advised and understand that all services including vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that are to be administered by Económico Animal Hospital involve a risk of harm to my pet. After being advised of and understanding these risks, including death, I give my consent to Económico Animal Hospital and its staff to provide these services. This agreement covers all staff members involved in my pet's care including the primary doctors on staff, and any relief vet covering for the clinics regular doctors. Further, I will ask to be advised of aftercare instructions for my pet and understand that these instructions must be followed for the health of my pet. I understand if I have additional questions or if a problem occurs, I should contact my veterinarian at this office immediately. If the veterinarian cannot be reached, and I deem it necessary to get immediate medical attention for my pet, I understand I should go to the nearest emergency veterinary clinic and follow up with my regular veterinarian at this office as soon as possible afterwards. I understand the clinical and administrative staff may review my pet's records and lab reports, but all my records will be kept confidential and will not be released without my written consent. I understand that veterinary care during night time hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

Patient/Guarantor Agreement: I understand, that if my pet needs emergency care, the doctors will use any and all treatment options at their disposal. This includes medications, surgery, and any alternative therapies available, such as; radio frequency therapy and/or hypothermia. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that the clinic is not in the business of extending credit and therefore, requires payment in full at the time services are rendered. I agree that another visit maybe necessary if I cannot provide payment for services that will be rendered today or if I have an outstanding balance from a previous visit. I understand that I may be sent to collections if I fail to resolve any outstanding balance. I agree to provide my driver's license for identification purposes. We do not offer any form of billing. We accept cash, VISA, Mastercard, American Express, Discover, Care Credit, Scratch pay as forms of payment.

Client Statement: All of my questions and concerns will be addressed and answered to my satisfaction. I will receive instructions by printed literature or verbal explanation at my request concerning my pet's aftercare. I understand that further information is available upon my request regarding my pet's care should the need arise. Furthermore, I agree that it is my responsibility to call the office to obtain the results of my pet's lab work. I agree to keep my veterinarian's office informed of any changes in my pet's condition or physical health.

Concerning Vaccinations: I understand that it is my responsibility to tell the staff and doctor if my pet has had any previous vaccine reactions. I understand that an anti-histamine injection prior to vaccination and/or medication is available to minimize vaccine reaction. I understand that some pets have adverse reactions to vaccines and Económico Animal Hospital is not responsible for my pet's vaccine reaction should this circumstance arise. I understand that I am financially responsible for any additional fees incurred to treat my pet for any vaccine reaction.

*By voluntarily signing below, I agree that I have read, or have had read to me, this consent form. I understand and agree to all terms outlined herein. I have had an opportunity to ask questions. I intend this consent form to cover the entire course of my pet's healthcare for present or future condition(s).

Signature of Owner / Agent / Good Samaritan

Date



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Owners Absentee Authorization Form

We will honor the most current form on file for the period stated or for one (1) year from the signature date.

The agent presenting the pet(s) described must present this form to the staff at Económico Animal Hospital upon admission, or a completed form must be in your pet’s medical record.

List below individual(s) who may present the pet(s) in your absence.

Authorized Person (s):

- 1. _____ Phone Numbers _____
- 2. _____ Phone Numbers _____

The above-named individuals may admit my pet(s) to Económico Animal Hospital, on my behalf, for any necessary examination, diagnostic treatment, hospitalization, surgery, including euthanasia. Please check and complete **option A, or B** and obtain required signature(s) **SELECT ONE!**

A. Credit Card with Authorized Person:

I understand I am responsible for payment of all expenses incurred. I acknowledge that full payment of the estimated fee is required prior to any medical, surgical, or emergency care being provided. Payment will be made by credit card. **Initial** _____

It will be the owner’s responsibility to make sure the agent(s) responsible for my pet(s) has the credit card number or the card itself

OR

B. Authorized Person Responsible:

I the owner of the above-described pet(s), has made prior arrangements as follows: the agent admitting the pet(s) described above will be responsible for payment of all expenses upon admission and release of my pet(s) from Económico Animal Hospital. I acknowledge that full payment of the estimated fee is required prior to any medical, surgical, or emergency care being provided. **Initial** _____

I the owner, attest that all the above stated information is correct and accurate. I hereby authorize the veterinarians and the staff at Económico Animal Hospital to examine, prescribe for, and/or treat the above pet(s) as deemed necessary. I understand that there will be an attempt made to contact me, but in the event I can’t be reached, I give Económico Animal Hospital permission to treat my pet(s) and I understand that I will be responsible for any charges resulting from that treatment(s). I understand that no personal is on staff 24 hours per day at Económico Animal Hospital, but if my pet requires 24-hour care he/she may be taken to Access Specialty Animal Hospital of South Bay by transport of the owner’s agent. Any costs incurred at any other facility will be sole responsibility of the pet owner and/or agent.

Owner Signature- Required _____ **Date** _____