

OWNER INFORMATION				
TODAY'S DATE: / /		Have you been here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, When? / /
Owner's last name:		First:		Spouse's Name:
Street address (No P.O. boxes please):			Apt #	City, State:
Home phone : ()			Cell phone: ()	Email address:
PET INFORMATION				
Pet's Name:				
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Rabbit <input type="checkbox"/> Bird <input type="checkbox"/> Ferret <input type="checkbox"/> Rodent <input type="checkbox"/> Reptile <input type="checkbox"/> Other:				
Breed:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			Spayed/Neutered?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Coat color:				
Birthdate or Age:				
Who is your pet's usual veterinarian or animal hospital?				[KOK Initial]
Please describe any pre-existing medical conditions or drug allergies for your pet:				
What is the reason for your visit today?				
↓(SELECT ONE)↓ HOW DID YOU CHOOSE OUR CLINIC?				
<input type="checkbox"/> Referred by veterinarian (Please list doctor or hospital):				
<input type="checkbox"/> Referred by one of our clients (Please let us know their name, so we can thank them) :				
<input type="checkbox"/> Internet Search Engine (Which one?): <input type="checkbox"/> Google <input type="checkbox"/> Yahoo <input type="checkbox"/> Bing <input type="checkbox"/> Other:				
<input type="checkbox"/> Animal Ambulance		<input type="checkbox"/> Animal Control		<input type="checkbox"/> Magnet
<input type="checkbox"/> Police/911		<input type="checkbox"/> Pet Store:		
<input type="checkbox"/> Called Information/411		<input type="checkbox"/> Saw sign/building		<input type="checkbox"/> Website (Which one?):
<input type="checkbox"/> Facebook		<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Advertisement (Where?):
<input type="checkbox"/> Other:				
IMPORTANT INFORMATION FOR YOU				
Please note that payment is expected at time of service. We cannot offer payment plans. We accept cash, personal checks, ATM cards, Mastercard, Visa, Discover, American Express and Care Credit. Our receptionist can provide you with a Care Credit application if you would like to apply.				
Authorization for Treatment: I authorize the Orange County Emergency Pet Clinic (OCEPC) to treat the above-described animal and I understand that this may include an anesthetic and/or surgery. I further understand that no guarantee of successful treatment is made, and that I will not hold the OCEPC responsible for my animal's recovery. I am aware that all treatments and medications are in addition to the emergency examination fee and agree to pay all the charges incurred (Deposit at admission and balance at discharge). I understand that all patients must be discharged by 8:00am. I understand that it is my responsibility to take my pet to my family veterinarian if further professional care is necessary. Any pet not picked up within the time required by Sec. 1834.5 of the CA Civil Code shall be deemed abandoned by the owner and will be handled as such.				
Consent for Photographs and Disclosure of Information: I authorize photographs to be taken of my pet to be used for educational and marketing purposes. If my pet passes away, I consent to and authorize OCEPC to release my name, my pet's name and my contact information to a charitable organization for the purpose of OCEPC making a donation in the pet's name.				
Signature:			Printed Name:	
_____			_____	
By signing this document, you are agreeing to the above Authorization for Treatment and Consent for Photographs and Disclosure of Information.				

Office Use Only:		KOK:		
<i>Patient Number</i>		<i>Admission Time:</i> _____ a.m./p.m.		
<i>Doctor on Duty:</i>		<i>Discharge Date:</i> _____		<i>Discharge Time:</i> _____ a.m./p.m.