

# Welcome



## ALVARADO Veterinary Hospital

Dr. Malcolm S. Jones  
347 E. Alvarado Street  
Fallbrook, CA 92028  
(760) 728-6606  
Fax (760) 728-1531

*Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!*

### REGISTRATION

Owner \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Driver's Lic. \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our clinic?  Yellow Pages  Recommendation  Website  
 Sign  Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

### AUTHORIZATION

I, the undersigned, authorize the ALVARADO VETERINARY HOSPITAL to administer such treatment, examination procedures, anesthetics, surgery and additional procedures as are considered therapeutically and/or diagnostically necessary. I certify I have read and fully understand the above authorization for medical treatment and/or surgery. I also certify that no guarantee has been made as to the results that may be obtained. I further assume financial responsibility for all charges incurred by the patient and understand that PROFESSIONAL SERVICES ARE TO BE PAID IN FULL AT THE TIME THEY ARE RENDERED.

I understand that veterinary care during nighttime 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 further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within five days of receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in a manner that is in the best interests of the pet and the hospital.

**PROFESSIONAL SERVICES ARE TO BE PAID IN FULL AT THE TIME THEY ARE RENDERED.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

We accept cash, Check, M/C, Visa, Discover, Debit Cards  
We will be happy to provide an estimate for all services rendered.