

Antelope Veterinary Hospital  
85 Belle Mill Rd,  
Red Bluff, CA 96080  
(530) 527-4522

**For office use:**  
Date: \_\_\_\_\_  
Client No.: \_\_\_\_\_  
Last name: \_\_\_\_\_  
 Scanned/Uploaded

### HUMAN REGISTRATION FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_\_\_ (Required by the DEA for prescriptions)  
**\*IF PAYING BY CHECK:** DRIVER'S LIC.: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ CARRIER (Text reminders): \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
EMAIL (Appointment reminders): \_\_\_\_\_

ADDITIONAL AUTHORIZED GUARDIAN(S): \_\_\_\_\_  
EMERGENCY PHONE: \_\_\_\_\_  CELL  WORK  HOME  
I, the undersigned owner of the pets on my account, give permission for the above emergency contact(s) to authorize care for my pets in the event that I cannot be contacted. Should unexpected life-saving emergency care be required and my attending veterinarian is unable to reach me, Antelope Veterinary Hospital has my permission to provide such treatment and I agree to pay for such care.

I, the undersigned owner of the pets on my account, certify that I am over eighteen years of age and thereby consent to the examination and care of my pet by the Veterinarian and staff at Antelope Veterinary Hospital, and after consultation with me, prescribe medications, treat, hospitalize, anesthetize and/or perform surgery on my pet. I understand that there are always some risks present in medical treatment and that I should discuss my concerns with my attending veterinarian before treatment is initiated.

**I understand that all payment is due at the time of service, and Antelope Veterinary Hospital does not accept payments.** I understand that I have the right to request an estimate prior to any treatment being provided and that the staff will be happy to provide me with one.

**By signing this form, I understand that appointment times are limited and if I must cancel or reschedule my appointment, I must notify AVH within 24 hours. Missed appointments, or appointments canceled later than a 24 hour notice, will incur a fee of \$35.**

I further understand that a deposit may be required for surgical treatment or hospitalization of my pet. Should my pet be hospitalized at Antelope Veterinary Hospital, I understand that 24-hour supervision of my pet is not available and there is no staff available after hours.

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