

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: _____
HOME PHONE: _____
WORK PHONE: _____
EMAIL: _____

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.

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.

YES/NO Antelope Veterinary Hospital may take photos of my pet

Signature of Owner: _____ Date: _____