



Animal Hospital of Irvine

Welcome to Animal Hospital of Irvine!

Please tell us about yourself.

Name • _____
First Last

Spouse/ Significant Other's Name • _____
First Last (if different)

Address • _____
Street Apt.#
• _____
City Zip Code

Contact Info. • _____
Home # Work #
• _____
Cell# Other

E-mail Address • _____
Self Spouse

For check writing purposes and identification:

Driver's License • _____
Self Spouse

Date of Birth • _____
Self Spouse

Please tell us how you discovered Animal Hospital of Irvine:

- Sign Flyer Yellow Pages Ad Irvine World News
- Association Newsletter Friend or Relative Referral: _____
- Other: _____

Authorization for Veterinary Services:

I have been informed as to the nature of the treatment(s) and the risks involved. I accept that all procedures will be performed to the best of the abilities of the staff at this hospital and understand that there is no guarantee regarding the results that may be achieved. I agree to provide payment via cash, credit card or check at the time my pet is discharged from the hospital. I understand that any medication(s) purchased and dispensed from this facility are, by law, non-refundable and non-transferable. I understand that there is no veterinarian or other staff member on the premises after the posted hours of operation. I have read and understand this consent, and I am over the age of 18.

Signature: _____ Date: _____