

Douglas Blvd Veterinary Clinic Annual Client Registration Form

Our goal is to provide the BEST health care and preventative care to your pet(s). In order to do so, DBVC holds regular staff meetings where pictures and medical record data will be used. By signing this form, you agree to these terms. If there are any special needs that we should be aware of please let us know. Thank you.

Owner(s) Name (please print clearly): _____

Address: _____

City: _____ State: _____ Zip: _____

IMPORTANT: Please provide the following information.

Phone: _____ Cell: _____ Work: _____

EMAIL(S): _____

IMPORTANT: HOW DO YOU PREFER TO BE REACHED? Circle any that apply

*Home Phone *Cell phone *Email *Text *Mail

IMPORTANT: How did you hear about us? If referred by a client, please provide their name(s)

1. Pet's Name: _____ Age/Date of Birth: _____

Dog _____ Cat _____ Male _____ Female _____ Spayed or Neutered? _____

Breed: _____ Color _____

2. Pet's Name: _____ Age/Date of Birth: _____

Dog _____ Cat _____ Male _____ Female _____ Spayed or Neutered? _____

Breed: _____ Color _____

3. Pet's Name: _____ Age/Date of Birth: _____

Dog _____ Cat _____ Male _____ Female _____ Spayed or Neutered? _____

Breed: _____ Color _____

In case your pet(s) become lost and then found, do you allow DBVC to give out your Name, phone number and address to those who have found him/her? _____

Douglas Blvd Veterinary Clinic Financial Policy

ALL payments are due at the time services are rendered. We gladly accept Visa, Mastercard, cash, or check. Pet insurance is available; please ask our staff for brochures. Accounts billed incur a \$7 per month statement fee. Payment is due by the 15th of the next month. Past due accounts are subject to interest of 1.5% per month (APR 18%). Accounts with no payment activity for 60 days may be sent to a collection agency.

Medical Staffing Hours

Monday thru Friday 8am-5:30pm

Saturday 9am-1pm

Closed Sundays and holidays

Veterinary service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours. California Code of Regulations Title 16 Section 2030

Consent Statement for Veterinary Drug Use

Many of the drugs veterinarians prescribe for the treatment of their patients are not approved by the FDA (Federal Drug Administration) for all or any animal species and their use is considered “off-label”. However, it is a legal and well-accepted practice for veterinarians to prescribe these drugs. We want you to be aware that during care at our clinic, we may use drugs that have not been approved by the FDA for use in all species.

All information that I have filled out on the client info sheet is current and up to date

Professional fees are to be paid at the time services are rendered.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE FINANCIAL POLICY
CONSENT STATEMENT, AND MEDICAL STAFFING HOURS.

Signature & date: _____