



Rancho Bernardo Pet Hospital

16588 Bernardo Center Dr., Ste 160
San Diego, CA 92128

Tel: 858-451-1700

Email: myvethospital@gmail.com

KINDNESS AND CARE FOR PETS

Welcome to our family!

Owner _____ Co-Owner _____
Last Name First Name Last Name First Name

Address _____
Street Apt # City Zip

Contact Info (Please circle the best way for us to reach you)

Home Phone: _____ Birth Date of Owner: ____/____/____

Owner _____ Co-Owner _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

How did you hear about us?

- Sign / Drive by
- Local Vets / YextVets.com
- Yelp.com
- Kudzu.com
- Veterinarians.com
- Other Online / Internet / Web
- Dept of Animal Services Free Adoption Exam
- Human Society Free Adoption Exam
- Helen Woodward Free Adoption Exam
- Referred by a Friend (Please tell us so we can thank them)
- _____
- Other

Do you qualify for our senior savings? (65 years and up) Yes No

Photo Release

I do hereby consent and agree that Rancho Bernardo Pet Hospital, its employees, or agents have the right to take photographs or digital recordings of my pet(s) and release all rights to exhibit this work in print and electronic form publicly or privately. I also understand that Rancho Bernardo Pet Hospital is not responsible for any expense or liability incurred as a result of the aforementioned participation, in any photographs or recordings. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Yes, I give permission for my pet's photo to be used as noted above. No, please do not use my pet's photo.

We strive to make you a part of your pet's health care and understand you would like to be present for treatments. However certain treatments need to be done in our treatment area. For you and your pet's safety please allow our staff to restrain your animal during examinations, and transport them to the treatment area when necessary.

I understand that I am financially responsible for all charges. If it becomes necessary to hire an outside agency to collect payment for my account I agree to pay any and all collection charges, billing fees, and legal fees. I know that an \$8.00 per month billing fee will be applied to all balances on account over 30 days

Party responsible for authorizing and paying for services please sign below.

Signature _____ Date _____

Professional fees are to be paid at the time that services are rendered.
We accept Cash, Checks, Debit Card, Master Card, Visa, Discover, American Express & and Care Credit