



4250 E CHAPMAN AVE., ORANGE, CA 92869

PHONE: (714) 633-9780 FAX: (714) 639-8748

## NEW CLIENT REGISTRATION

### Guardian Information

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth

\_\_\_\_\_ Street Address \_\_\_\_\_ Unit \_\_\_\_\_ City

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address

\_\_\_\_\_ Phone Number Preferred Contact:  Phone  E-mail  Text Opt-In

### Co-Guardian Information

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number

### How Did You Find Us?

Google Search  Facebook  Instagram  Previous Veterinarian

Existing Client: \_\_\_\_\_  Other \_\_\_\_\_

### Patient Information

Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex:  M  F  Spayed/Neutered

May we request previous records? If yes:

Hospital Name: \_\_\_\_\_

Hospital Phone #: \_\_\_\_\_

## Medical History

Health Issues: \_\_\_\_\_

Vaccine Reaction: \_\_\_\_\_

Allergies: \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

Additional: \_\_\_\_\_

## Authorization for Treatment

I hereby authorize the staff of East Chapman Veterinary Center (ECVC) to render any treatment which is deemed necessary to my pet(s) health while in the custody of ECVC. I understand that, in the event of an unusual or emergency circumstances, the staff will make every attempt to contact me or any designated representative, if time permits, before proceeding with treatment. I understand that I will be financially responsible for all treatments and office visit fees, including the estimate of charges provided to me in person or over the phone.

I understand that professional fees are to be paid at the time services are rendered, and a deposit is required on all patients admitted to ECVC.

- I am the guardian of this patient
- I am not the guardian, but I am an authorized agent for this animal and taking financial responsibility
- I am a Good Samaritan and willing to take financial responsibility

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Media Release

I hereby give East Chapman Veterinary Center (ECVC) permission to use the name, photograph, and/or video of my companion animal on ECVC social media, including but not limited to Facebook, Instagram, ECVC website, and other ECVC training materials. ECVC social media and internet presence is designed to engage our clients with fun and educational moments that we experience throughout our day-to-day operations. I understand that I will not be receive compensation for the use of any photos and/or videos used.

In signing this consent, I give authorization to use my companion animal and the name of my companion animal along with mention of any treatments or conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date