

Animal Medical Center of Pleasanton

3901 Suite A Santa Rita Rd. Pleasanton, CA 95388

(925) 734-8387

Client and Patient Registration

Thank you for choosing Animal Medical Center of Pleasanton for your pet's health care needs.
The following information will help us to better serve you and your pet.

Owner's Name: _____

Last

First

M.I.

Address: _____

Number

Street

City

Zip Code

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Emergency Contact: _____

Emergency Number: _____

Email: _____ @ _____

May we ask how you found out about us?

Yellow Pages

Direct Mail

Newspaper

Website

Personal Recommendation: Whom may we

thank? _____

Other: _____

Pet Information	Pet #1	Pet #2	Pet #3
Name			
Cat / Dog / Other			
Breed			
Color			
Sex			
Age (Month and Year)			
Fixed (Yes or No)			
Last Vaccination			
Allergies			

Payment is due upon release of the patient; billing is not available. We accept Visa, Mastercard, American Express, Discover, CareCredit, Debit/ATM or cash. Checks with valid driver's license and phone number are accepted electronically will be immediately debited from the account.

Financial agreement and authorization for treatment: I authorize treatment of my pet(s) named above and agree, irrevocably, that in consideration of the services to be rendered that I hereby obligate myself to pay the amount in accordance with the regular rates and terms of the provider. As required by law, I am hereby notified that a negative credit record may be submitted to a credit agency if I fail to fulfill the terms of my credit obligations. Should the account be referred to an attorney or collection agency for collection, the signee agrees to pay the actual attorney fees and collection expenses. I authorize my employer to release employment information to the provider's agent(s).

X _____

Client Signature

Date: _____