



Chino Hills Pet Resort New Client Form

Welcome to CHPR, please fill out this form and return
to the Customer Service Desk

NAME _____ SPOUSE/PARTNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK # _____ CELL # _____

EMAIL _____ DRIVERS LICENSE# _____

EMPLOYER _____ ADDRESS _____

EMERGENCY CONTACT: _____ PHONE # _____

If we are not your primary care facility please complete the following information so we may keep your pet's doctor informed

HOSPITAL NAME _____ PHONE # _____

HOW DID YOU HEAR ABOUT US? FRIEND OR FAMILY MEMBER (NAME): _____

PRIMARY VETERINARIAN, SHELTER OR RESCUE ORGANIZATION (NAME): _____

YELLOW PAGES INTERNET NEWSPAPER _____

PET EXPO or pet related event (please list): _____ OTHER _____

PLEASE LIST ANY ALLERGIC REACTIONS YOUR PET MAY HAVE HAD (especially to a medication or vaccine).

PETS NAME:	COLOR	SPECIES	BREED	AGE	SEX	ALTERED?	
						Yes	No

Chino Hills Animal Hospital would like you to be aware that all fees are due when services are rendered. If your pet is hospitalized prepayment (100%) of the estimated amount is due upon hospitalization. We accept Cash, Checks Debit, Credit Cards, CareCredit, and Trupanion Insurance direct pay. **THERE IS A \$25 FEE FOR ALL RETURNED CHECKS.**

Chino Hills Animal Hospital may at times take photos of your pet or use your pets medical information for teaching purposes, veterinary literature or hospital promotions. I authorize the use/release of photos and or medical information for such purposes. Client confidentiality (names and personal information) will be maintained. I acknowledge that this is my pet or I am the responsible person for this pet and I have the right to authorize and make treatment decisions. I understand that no guarantees can be made as to the results obtained from medical treatment. I am over 18 years of age and I assume financial responsibilities for all charges on this account. I further understand that if it is necessary to send my account to collection I will be responsible for any collection fees, legal and/or court costs.

SIGNATURE OF OWNER OR RESPONSIBLE AGENT (must be 18 or older)

Date