Mission Veterinary Clinic

16915 San Fernando Mission Blvd.
Granada Hills, CA 91344
(818) 363-8143

Today Date: __ __ / __ __ / __ __

Last Name: ______________ First Name: ______________

Address: ______________

City: ______________ State: ____ Zip: ______

E-Mail: ______________

Home Phone: ___ - ___ - ____ Cell Phone: ___ - ________

Work Phone: ___ - ___ - ____ Owners DOB ______________
(required by the DEA for controlled substances)

Pet's Information

Pet's Name: ______________ **Species:** Canine ☐ Feline ☐

Breed: ______________ **Color:** ______________

Sex: Male ☐ Female ☐ **Spay/Neuter:** Yes ☐ No ☐ **Birthday**: __ __ / __ __ / __ __

or

Approximate Age: ______________

Authorization for Medical Treatment

I hereby authorize the doctor on duty (and any assistant the doctor may designate) to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of such anesthetics as are necessary and surgical procedures of an emergency nature. I understand the veterinarian may not give me an estimate of charges in advance unless I request such. I understand that there may not be a staff member on premises 24 hours a day. I hereby certify that I have fully read and fully understand the above authorization for medical and/or surgical treatment. I assume financial responsibility for all charges incurred to the patient. I consent to the release of medical information and authorize direct payment to the above hospital or clinic. I understand that no guarantees in medical treatment can be made, as medicine is not an exact science. If I fail to remove said animal, I will be responsible for additional charges for transportation to the Humane Society, pound, or S.P.C.A.

ACCOUNTS ARE PAYABLE IN FULL WHEN PET IS RELEASED

A deposit is required on all hospital cases. If my account is released to a collection agency, I agree to pay all collection costs, court and reasonable legal fees. We accept the following payment methods; Cash, Discover, Master Card, Visa, American Express. ***We do not accept checks as payments***.

Signature of Owner or Responsible person: ______________________________