



WALNUT CREEK  
VETERINARY  
HOSPITAL

## CLIENT REGISTRATION

**Walnut Creek Veterinary Hospital**  
130 La Casa Via, Building I Suite 103A  
Walnut Creek, CA 94598  
(925) 448-2908  
Info@wcvethosp.com

**Owner Information (please print clearly)**

Owner DOB: \_\_\_\_\_ (required for Rx)

Last Name, First: \_\_\_\_\_ Spouse/Other Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Spouse/Other Employer: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip \_\_\_\_\_ Spouse/Other Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse/Other Cell Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alt Email Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Would you like reminders emailed? **Yes** **No**

Please note which number you would like to be the primary contact number: **Home** **Work** **Cell**

How did you hear about our hospital? (Check all that apply)

Facebook  Yelp  Google  Our Website  Other (Please Specify) \_\_\_\_\_

Previous Veterinarian/Hospital : \_\_\_\_\_

May we have permission to request that records be sent to our office? **Yes** **No**

**Pet Information:**

Pet #1 Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Male Female Altered Birthdate: \_\_\_\_\_ Color: \_\_\_\_\_

Pet #2 Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Male Female Altered Birthdate: \_\_\_\_\_ Color: \_\_\_\_\_

Pet #3 Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Male Female Altered Birthdate: \_\_\_\_\_ Color: \_\_\_\_\_

**Payment is required for all services at the time they are rendered** unless prior arrangements have been made with hospital management. We accept credit card payments over the phone with prior approval. All returned checks are subject to a \$35.00 service fee. A 90-day old account balance is subject for collection efforts and a \$35.00 collection fee will be assessed. Your signature below signifies your understanding and willingness to comply with the hospital's payment terms. In some cases, a deposit may be required before proceeding.

**Veterinary Consent:** I, the undersigned owner, or owner's agent of the pet identified above certify that I am over 18 years of age. I authorize Walnut Creek Veterinary Hospital to perform the treatment/procedure(s) described in my pet's chart. I will be informed of the reasons for the treatment/procedure(s), along with the expected benefits and risks involved. I understand that unforeseen conditions may require an extension of a planned procedure and/or surgery. I hereby authorize the performance of such procedures or surgeries as are necessary and advisable in the professional judgment of Dr Jill Christofferson. I understand that I assume all risks and am responsible for all costs involved.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date