

# Animal Medical Center of Mission Viejo

27230 La Paz Rd Ste A , Mission Viejo, CA 92692

Tel: (949) 768-3300 | Fax: (949) 768-3301



## Owner Information

Name (first & last) : \_\_\_\_\_

Address : \_\_\_\_\_ Apartment number : \_\_\_\_\_

City : \_\_\_\_\_ Zip code : \_\_\_\_\_

Phone number : (cell) \_\_\_\_\_ Email address : \_\_\_\_\_

Spouse's name (first & last) : \_\_\_\_\_ Spouse phone number : (cell) \_\_\_\_\_

How did you hear about us? (please check one) :  Website  Google  Yelp  Driving by  Shelter

Family member/friend referred by : \_\_\_\_\_

## Reminder System:

How would you like to receive reminders regarding future / overdue services and appointments

(select all that apply) :

E-mails  Phone call / voicemails  Text

## Pet Information

Previous veterinarian/hospitals : \_\_\_\_\_

Name : \_\_\_\_\_ Birthday / Age : \_\_\_\_\_

Sex (check ONE) :  spayed female  neutered male  female (not spayed)  male (not neutered)

Species (check ONE) :  canine  feline Breed : \_\_\_\_\_ Color : \_\_\_\_\_

Name : \_\_\_\_\_ Birthday / Age : \_\_\_\_\_

Sex (check ONE) :  spayed female  neutered male  female (not spayed)  male (not neutered)

Species (check ONE) :  canine  feline Breed : \_\_\_\_\_ Color : \_\_\_\_\_

I agree that, Animal Medical Center of Mission Viejo and its employees may take and use photographs of my pets, with or without pet's name, only for such purposes as publicity, illustration, advertising, and web content.

- Yes, AMCMV may take and use photos as described above. Pet's Instagram:@\_\_\_\_\_
- No, AMCMV may NOT take and use photos as described above.

I hereby authorize the attending Veterinarian at Animal Medical Center to examine, prescribe for, and/or treat the pet described above. I assume all responsibility for the charges incurred for the care of these animals. I understand that payment is expected at the time the patient is discharged, and a deposit may be required at the discretion. An estimate of expected fees is available upon request. I certify that I am 18 years of age or older.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

