



2072 W. Redlands Blvd. Suite B, Redlands, CA 92373
(909) 793-5999

Clinic Use Only:
CID: _____
PID: _____
Time: _____

Client Information

Preferred Method of Payment:

Cash Credit Debit CareCredit Scratch-Pay **NO CHECKS ACCEPTED**

Owner: _____
Physical Address: _____
City/Zip: _____
P.O. Box/City/Zip: _____
Home Phone: _____ Preferred
Cell Phone: _____ Preferred
Email: _____
Owner Date of Birth: _____

Secondary Owner: _____
Phone: _____
Emergency Contact Name: _____
Emergency Phone: _____
How did you learn about our clinic? Sign Outside
Website Facebook Instagram
Other: _____

Pet Information

Regular Veterinarian Hospital Name: _____

Name of Pet: _____ Dog Cat Other Species: _____

Breed: _____ Color/Pattern: _____ Birthdate/Age: _____

Male Neutered Female Spayed Undetermined

Social Media Consent

- I hereby give Emergency Pet Hospital of Redlands permission to take **photographs and videos** of my pet for purposes of **posting to any/all social media accounts** including, but not limited to Facebook, Twitter, Snapchat, Instagram, YouTube, and hospital websites associated with Valley Veterinary Care. I, hereby, **release and discharge** Valley Veterinary Care and all associated hospitals **from any claims** arising out of postings of photographs or videos.

_____ (Initial) I have read the social media consent and fully understand its contents. Valley Veterinary Care/EPHR has my permission to use:

- My pet's name
- My pet's name and My last name
- My Pet's name and My first/last name

_____ (Initial) I do NOT give EPHR permission to use mine or my pet's information and/or photo.

Authorization

_____ (Initial) I certify that I fully understand the contents of this form and am at least **18 years of age** or older in order to make decisions and receive treatment for my pet.

_____ (Initial) I give Emergency Pet Hospital of Redlands permission to perform my pet's initial physical examination and assessment prior to treatment and agree to pay the **\$90 emergency consultation fee upon check-in**.

Signature of Owner: _____ Date: _____

Clinic Use Only

Reason for Visit: _____