

Welcome to Animal Medical Center of Corona



Client Registration Form

Thank you for giving us the opportunity to care for your pet.

Owner's Name: _____ Cell Phone: _____

Co-Owner/Spouse/Partner: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Your Birthday (Required) _____ Co-Owner/Spouse's Birthday(Required) _____

E-mail Address: _____

Driver's License#: _____ State issued: _____ Exp: _____

Employer's Name & Address:

Co-Owner/Spouse's Employer Name & Address:

At What Time _____ And At What Phone # _____ Is It Best to Call About Your Pet?

In Case of EMERGENCY, Call _____ Phone # _____

How did you hear of our hospital?

Referral / Personal recommendation: _____

Shelter or Rescue organization: _____

Google Yelp Yellow Pages AMC of Corona Website Hospital Sign PetCo

Another Hospital Facebook Other: _____

Client Payment Options

Thank you for the opportunity to help you meet your pet's healthcare needs. Following is a list of the numerous payment options we accept. Please select your form of payment and provide all of the required information.

ALL PAYMENTS ARE DUE IN FULL AT THE TIME OF SERVICE.
WE DO NOT OFFER REGULAR/ RECURRING PAYMENTS PLANS.

Payment Options: MANDATORY ~ All fields must be completed for selected payment option. DRIVERS LICENSE OR CURRENT I.D. is required when paying credit card, check, CareCredit Animal Medical Center of Corona will NO LONGER be accepting checks as a form of payment.

- Cash
- Visa[®], MasterCard[®], American Express[®], Discover Card[®]
- CareCredit[®] Payment Plan¹ *Allows you to begin treatment today and pay over time*

¹Subject to credit approval. Please see CareCredit Plan Selection Slip for additional terms and conditions. Please ask for an application or apply online at CARECREDIT.COM (This is a credit card you may apply for through CareCredit[®] that we accept as payment.

We do not offer financing or regular/recurring payment plan options directly through our office. **Instant Care Credit application, apply here at Animal Medical Center of Corona just ask an AMC staff member and apply today.**

DEPOSIT: For some treatments or healthcare plans requiring comprehensive care or hospitalized treatments will require a 50% DEPOSIT to begin your pet's medical treatment.

PET INSURANCE: For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance.

ESTIMATES /MEDICAL CARE PLAN: We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature(must be 18 or older)

Date

Client/Owner Name (Please Print)

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Microchip? Y - N	#	#	#

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

AUTHORIZATION FOR TREATMENT:

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize the staff at AMCC to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the animal medical history form and additional pets I present. I understand that NO guarantees or assurances can be made as to the outcome or results obtained from any examination or medical treatment provided. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify AMCC within that time period, AMCC may assume that my pet is abandoned and are hereby authorized to deal with appropriate care of my pet as AMCC deems best and/or necessary.

Animal Medical Center of Corona may at times take photos of your pet or use medical information for teaching purposes, veterinary literature and possibly hospital promotions. I authorize the release of photos or medical information for such purposes. Client confidentiality (Names and Personal Information) will be maintained.

Y/N: _____ Initial

Furthermore, I am over 18 years of age and I agree to pay fees for services rendered at the time services are performed or when the pet is discharged from the hospital or the service is otherwise terminated. 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. I understand that a service fee of **\$35.00** will be assessed for each non-sufficient fund check and/or certified letter that must be sent.

Signature _____ **Date** _____