

Mesa West Pet Hospital
1870 Placentia Avenue
Costa Mesa, CA 92627
Phone (949) 642-9142
Fax (949) 642-0497
Client Registration Form

Owner's Name _____ Owner's Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell # _____

Email (Only way we do reminders) _____

Emergency Contact _____ Phone # _____

How did you hear about us? _____

Primary Veterinarian (Hospital Name): _____

Is Pet current with vaccines: _____

Pet Information

Pet's Name	Color	Species	Breed	Age	Sex	Spay/Neuter
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Mesa West Pet Hospital would like you to be aware that all fees are due when services are rendered. If your pet is hospitalized, a prepayment (50%) of the estimated amount is due upon hospitalization. We do understand that in the event of an emergency or costly procedure, funds may not be immediately available. In such cases, we do accept all major credit cards and care credit. **To help keep our services affordable, it is not our policy to bill our clients.**

I understand that no guarantee can be made as to the results obtained from medical treatment. I am over 18 years of age and assume financial responsibility for all charges incurred by patients on my account. 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.

Signature of Owner or Responsible Agent (must be 18 or older)

Date