



# Chino Hills Animal Hospital New Client Form

Welcome to CHAH, please fill out this form and return  
to the Customer Service Desk

NAME \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_ DRIVERS LICENSE# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

OTHER PARTY (18 YEARS OR OLDER) AUTHORIZED TO ACCESS YOUR PETS RECORDS AND/OR BRING IN ANY  
OF YOUR PETS ON YOUR BEHALF:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE LIST ANY ALLERGIC REACTIONS YOUR PET MAY HAVE HAD (especially to a medication or vaccine).**

\_\_\_\_\_  
\_\_\_\_\_

PETS NAME:	COLOR	SPECIES	BREED	AGE	SEX	ALTERED?
						Yes No
						Yes No
						Yes No

Chino Hills Animal Hospital would like you to be aware that all fees are due when services are rendered. If your pet is hospitalized prepayment (100%) of the estimated amount is due upon hospitalization. We accept Cash, Checks Debit, Credit Cards, CareCredit, and Trupanion Insurance direct pay. **THERE IS A \$25 FEE FOR ALL RETURNED CHECKS.**

Chino Hills Animal Hospital may at times take photos of your pet or use your pets medical information for teaching purposes, veterinary literature or hospital promotions. I authorize the use/release of photos and or medical information for such purposes. Client confidentiality (names and personal information) will be maintained. I acknowledge that this is my pet or I am the responsible person for this pet and I have the right to authorize and make treatment decisions. I understand that no guarantees can be made as to the results obtained from medical treatment. I am over 18 years of age and I assume financial responsibilities for all charges on this 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