



CENTRAL ORANGE COUNTY
EMERGENCY
ANIMAL HOSPITAL



3720 Campus Dr., Suite D Newport Beach, CA 92660

(949) 261-7979

Client Info: _____ Date: _____ Time: _____

Last Name:		First Name:			Spouse / Other:		
Address:				City, State, Zip:			
Home Phone:		Emergency Phone:		California Driver license # and Expiration			
Pets Name:	Species:	Breed:	Sex: F F Spay M M Neutered	Age:	Color:	Vax Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Under Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reasons for today visit:					
How did you hear about us: <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Other _____							
Primary Veterinarian:			Primary Veterinarian Hospital:				

AUTHORIZATION

I am the owner or authorized caregiver for the owner of this pet and am over 18 years of age. I hereby authorize the attending veterinarian of COCEAH to examine, prescribe for and treat my pet as deemed medically necessary by attending Veterinarian. **The need for diagnostic, therapeutic treatment and/or hospitalization has been fully explained to me.** I understand that said treatment is provided on an emergency basis and that I must follow up with my regular DVM for additional treatment, diagnostics & hospitalization. I understand that I am financially responsible for all charges as incurred and must make additional payments as needed every **8 hours** while my pet is hospitalized. COCEAH will keep me informed of any/all additional treatments. I understand that said payments are by: **CASH, CARE CREDIT, and/or CREDIT CARD.**

Signature of the Owner

Signature of Witness

SORRY FOR THE INCONVENIENCE, BUT WE DO NOT ACCEPT CHECKS

Methods of payments:

CASH

