

JET'S PET HOSPITAL

800 E. Commonwealth Ave. / Fullerton, CA. 92831

Tel: 714-449-9390 Fax: 714-449-9350

J. Fernando Cruz, D.V.M

* Required

CLIENT REGISTRATION FORM

Guardian

Owner's Legal Last Name:* _____ First Full Name:* _____ Spouse Name: _____

Please have a form of ID to confirm identity & show to front staff

Address:* _____ City/State:* _____ Zipcode:* _____

Cell/Primary #*: _____ Secondary # if any : _____ Driver's License: _____

E-mail Address*: (please write clearly) _____

We are in the progress of going paperless, all documents will be sent to your email. Thank you!!

We'd love to post your pets' picture/clips to our website/sns! I grant permission/consent I do not give consent

(iphone users only) send me text reminders for vaccine updates.

PET'S INFORMATION

Pet's Name: _____ D.O.B or approx. Age: _____ Species: Canine / Feline

Sex: F M Fixed? YES NO Breed: _____ Color: _____

Please check any symptoms of problems you have noticed about your pet:

Behavior Problems

Do you have pet insurance? Yes No

Diarrhea

Current Medication if any including flea tx: _____

Vomiting

Is your pet current on vaccines?: Yes No

Scratching

Please forward any records to: customerservice@jetspethospital.com

Lack of appetite

Have physical records? Please provide to front desk for copies

Coughing

Previous Veterinarian name & number to request medical and/or vaccine records :

gagging

Sneezing

*Reason for Visit/Comments: _____

Crying

Scooting

Shaking head

Weakness

Trouble breathing

How is your pet's temperament? (Please rate on a scale of 1-10, 1 being extremely unfriendly)

Limping



1

2

3

4

5

6

7

8

9

10



ALL FEES ARE DUE & PAYABLE UPON COMPLETION OF SERVICE

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume full responsibility for all charges incurred during the care of my pet. Payment in full or a deposit must be made by cash or credit card is expected when treatment is performed or patient is discharged. In case of emergency hospitalization/treatment, deposit arrangement is required. Upon your request we'll provide you with a written estimate fees before service is provided. We apologize, but we DO NOT ACCEPT PAYMENT PLANS OR CHECKS. You may apply for CARECREDIT, inform front desk.

I declare that the above information is correct to the best of my knowledge & agree to the terms and conditions above.

Owner's Signature

Date