



# 24 HOUR EMERGENCY CENTER

4229 VAN BUREN BOULEVARD, RIVERSIDE, CALIFORNIA 92503

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## CLIENT INFORMATION AND LIABILITY RELEASE

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

SPOUSE/PARTNER: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN CONTACT NUMBER: (\_\_\_\_\_) \_\_\_\_\_ SECONDARY CONTACT NUMBER: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

*(WE DO NOT SELL YOUR EMAIL ADDRESS, IT IS USED FOR HOSPITAL COMMUNICATION)*

EMPLOYER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CONTACT NUMBER: (\_\_\_\_\_) \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  ANIMAL CONTROL  HUMANE SOCIETY  TELEPHONE BOOK  FAMILY/FRIEND

INTERNET: SITE: \_\_\_\_\_  OTHER: \_\_\_\_\_

Arlington Animal Hospital, Inc. advises you that all fees are due in full upon discharge of your pet. If your pet is hospitalized, 75% of the estimated amount is due as a deposit with the balance to be paid upon discharge and you may be asked to make payments towards your account as fees accrue with treatment. We reserve the right to refuse service to anyone and the acceptance of checks without prior notice.

Arlington Animal Hospital, Inc. may take photographs of your pet and use its medical information for teaching, veterinary literature and publishing. You authorize the release of your pet's photographs and medical information for such purposes. Client privacy and medical confidentiality will be maintained.

You understand that veterinary medicine is not an exact science and animals respond individually and unpredictably to hospitalization, treatment and surgery. We make no guarantee as to any particular outcome of your pet's case. You agree to release Arlington Animal Hospital, Inc. and its staff from all liability associated with hospitalization, treatment and surgery performed on your pet.

You certify that you are over 18 years of age and the owner or owner's authorized agent of any pet that you identify in your client file. You assume full responsibility for all fees. You agree that in the event that any unpaid balance is referred for collection, you will be responsible for all collection fees, financial penalties, legal fees and court costs.

Many of the drugs veterinarians prescribe for the treatment of their patients are not approved by the FDA (Federal Drug Administration) for all or any animal species and their use is considered "off-label." However it is a legal and well accepted practice for veterinarians to prescribe and use these drugs in this manner. We may use drugs "off-label" to treat your pet and you give your consent by accepting treatment for your pet at this facility.

By law we are required to maintain accurate client and patient information and verify identification on a regular basis. This form needs to be fully completed and you will periodically be required to update this form.

NAME OF OWNER OR AUTHORIZED AGENT

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE

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