



Erickson Veterinary Hospital
11181 Midway, Chico, CA 95928 (530) 343-5896

Deposit Taken: _____
Time: _____
Date: _____
Payment: _____
Terminal: _____
CareCredit Limit Ver: _____

Owner Information (please print)

Owner's DOB: _____ (required for Rx)

Last Name, First: _____

Secondary Contact Information

Street Address: _____

Last Name, First: _____

City, State: _____ Zip _____

Phone: _____

Phone Number: _____

Relationship to Primary: _____

*Owner's driver's license # _____

Owner Driver's license #: _____

*Owner's SS# _____

Referred by:

***PLEASE NOTE: cash only if no ID is provided. Thank you!**

Email address: _____

Pet Information:

Pet #1 Name: _____

Breed: _____ Color: _____

Canine/Feline _____ Male/Female _____

Spay/Neuter _____ Birthdate: _____

Vaccination History: _____

Previous Veterinarian/Hospital (name/address/phone): _____

Payment is required for all services at the time they are rendered unless prior arrangements have been made with hospital management. In the event that a refund is due and the original payment is a credit card, the refund will be posted against the original credit card. All returned checks are subject to a \$25.00 service fee. A 90-day old account balance is subject for collection efforts and a \$25.00 collection fee will be assessed. Your signature below signifies your understanding and willingness to comply with the hospital's payment terms. In some cases, a deposit may be required before proceeding.

Veterinary Consent: I authorize Erickson Veterinary Hospital to perform the treatment/procedure(s) described in my pet's chart. I will be informed of the reasons for the treatment/procedure(s), along with the expected benefits and risks involved. I understand that unforeseen conditions may require an extension of a planned procedure and/or surgery. I hereby authorize the performance of such procedures or surgeries as are necessary and advisable in the professional judgment of EVH veterinarians or a relief veterinarian. I understand that I assume all risks and am responsible for all costs involved. I also authorize EVH to use pictures of my pet(s) for promotional purposes. Consent will apply to all future pets added to this account unless and until I provide a written revocation of that consent.

By signing this agreement, you acknowledge the importance of maintaining a mutually respectful and professional environment. We reserve the right to discontinue services if any form of mistreatment, disrespect, or inappropriate behavior towards our team occurs.

Signature of Owner

Date

R: 06.01.2020