



NEW HAVEN

ANIMAL HOSPITAL

3450 E. Ontario Ranch Rd
Ontario, Ca 91761
(909) 235-4992
newhavenah@gmail.com

Owner Information	
First Name _____	Last Name _____
Address _____	City _____ State _____ Zip _____
Primary Phone (____) _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone (____) _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
D.O.B ____/____/____	
E-mail _____	CareCredit Account? <input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse or Co-Owner Information	
First Name _____	Last Name _____
Primary Phone (____) _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone (____) _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
E-mail _____	CareCredit Account? <input type="checkbox"/> Yes <input type="checkbox"/> No

Pet #1	
Name _____	D.O.B ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed _____	Color _____ Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip #: _____

Pet #2	
Name _____	D.O.B ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed _____	Color _____ Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip #: _____

Pet #3	
Name _____	D.O.B ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed _____	Color _____ Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip #: _____

Pet #4	
Name _____	D.O.B ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed _____	Color _____ Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip #: _____

How did you hear about us?	
Our Website <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Yelp <input type="checkbox"/> Facebook <input type="checkbox"/> Google <input type="checkbox"/> Veterinarians.com <input type="checkbox"/> Shelter <input type="checkbox"/> Newspaper	
Personal Recommendation: Whom can we thank? _____	
Other _____	

New Haven Animal Hospital May use my Pet(s) photos on social media networks and for educational purposes.	
<input type="checkbox"/> Yes, make my pet(s) a star! <input type="checkbox"/> No, I decline	

I hereby authorize the attending veterinarian at New Haven Animal Hospital to examine, prescribe for, and/or treat the pets described above. I assume all responsibility for the charges incurred for the care of these animals. I understand that in the event of any unusual or emergency circumstances, the staff will make attempts to contact me or my designated representative, if time allows, before proceeding with treatment. I understand that I will be financially responsible for, not only the estimated charges provided to me in person or over the telephone, but also for all emergency procedures. I understand that estimated/professional fees are to be paid at the time services are rendered and full payment/deposit is due on all pets admitted to the hospital. I also certify that I am at least 18 years of age.

Signature of owner or authorized agent _____ Date ____/____/____