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Passion for ALL Animals

WELCOME

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET

We will be happy to answer any questions regarding your pet's health.

To insure the best care possible, please take the time to fill in this form completely. Thank You!

CLIENT INFORMATION

FULL NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

DRIVERS LICENSE (Required only for Care Credit/check acceptance) _____

ADDITIONAL AUTHORIZED CONTACTS (EMERGENCY, SPOUSE, FRIEND, ETC)

FULL NAME: _____ PHONE: _____ REL: _____

FULL NAME: _____ PHONE: _____ REL: _____

PET INFORMATION	Pet #1 Name:	Pet #2 Name:	Pet #3 Name:
TYPE	<input type="checkbox"/> CAT <input type="checkbox"/> DOG <input type="checkbox"/> BIRD <input type="checkbox"/> RODENT <input type="checkbox"/> REPTILE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CAT <input type="checkbox"/> DOG <input type="checkbox"/> BIRD <input type="checkbox"/> RODENT <input type="checkbox"/> REPTILE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CAT <input type="checkbox"/> DOG <input type="checkbox"/> BIRD <input type="checkbox"/> RODENT <input type="checkbox"/> REPTILE <input type="checkbox"/> OTHER _____
BREED			
COLOR			
DOB/AGE			
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ???	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ???	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ???
CASTRATED			
MICROCHIP #			

I hereby give Dr. Attila Molnar and All Animals Veterinary Hospital, the absolute and irrevocable right and permission to copyright, publish, use and distribute photographs/videos of me and/or my pet (circle one, or both), as well as my pet's name, in order to advertise and promote ALL ANIMALS Veterinary Hospitals services, and *educate* the general public through the use of social media, without limitation, on ALL ANIMALS Veterinary Hospital website, Facebook, Twitter, Instagram, YouTube, newsletters and brochures. I hereby acknowledge receipt of adequate consideration and waive the right to charge for use of the pictures and my name, or to inspect or approve the images prior to any form of usage. I understand that the images may be modified to be used as design elements. My personal information will never be used and will remain confidential. For education/conservation purposes.

I HEREBY AUTHORIZE THE VETERINARIAN AND STAFF AT ALL ANIMALS VETERINARY HOSPITAL TO EXAMINE, PRESCRIBE FOR, OR TREAT MY PET(S). I assume financial responsibility for all charges incurred. I also understand that these charges will be paid in full when services are rendered and that a deposit may be required for surgical treatment or emergency care. I also give ALL ANIMALS Veterinary Hospital my permission to release my pet(s) medical record when appropriate to do so on my behalf.

Signature of Owner _____ Date _____