Airport Animal Hospital

300 Storke Road, Goleta, CA 93117
805 968-4300

CLIENT INFORMATION

Owner _____
First Middle Initial Last

Address _____
Number Street Apartment No.

_____
City State Zip Code

Home Phone _____ **Occupation** _____

Cell Phone _____ **Employer** _____

E-Mail _____

Would you like to join our E-Mail list and receive our newsletter, pet care tips and vaccine reminders?

YES NO

Spouse or Co-Owner _____
First Middle Initial Last

Home Phone _____ **Occupation** _____

Cell Phone _____ **Employer** _____

E-Mail _____

Would you like to join our E-Mail list and receive our newsletter, pet care tips and vaccine reminders?

YES NO

Who referred you to our practice? (please circle)

Verizon Phone Book SB Community Phone Book Our Website Internet Search Coupon

Friend (Please tell us who:_____

I understand by my signature that I am responsible for any charges incurred by my pet(s) while in the care of the doctors at Airport Animal Hospital and that charges are due and payable at the time of services.

I authorize and direct the veterinarians at Airport Animal Hospital (and their designated assistants) to administer authorized treatment as needed on the basis of findings during the course of evaluation: to diagnose, prescribe, sedate, anesthetize, perform therapeutic procedures and/or surgery as their judgment may dictate to be advisable for the patient's well being. I understand that I will be advised as to the nature of the procedures and the risks involved. I understand that no warranty or guarantee will be made as to the results or cure.

Signature _____ **Date** _____