

New Client Registration Form

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 monthly updates, pet care tips and vaccine reminders? YES
NO

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.....

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 monthly updates, pet care tips and vaccine reminders? YES
NO

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Who referred you to our practice? (please circle)

Verizon Phone Book

AT&T Phone Book

Goleta Phone Book

Our Website

Friend (Please tell us who: _____)

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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 _____