



TrueCare
for pets

Admission Form

Date	Time	Client #	Patient #
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LAST NAME		FIRST NAME		EMAIL			
HOME ADDRESS		CITY		STATE	ZIP		
PRIMARY PHONE		SECONDARY PHONE		WORK PHONE			
PET NAME	SPECIES <input type="checkbox"/> Canine <input type="checkbox"/> Feline	BREED		COLOR	AGE	SEX <input type="checkbox"/> F <input type="checkbox"/> M	SPAYED/NEUTERED <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY ANIMAL HOSPITAL		PRIMARY VETERINARIAN		HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> VET <input type="checkbox"/> FRIEND <input type="checkbox"/> YELP <input type="checkbox"/> INTERNET <input type="checkbox"/> PREVIOUS VISIT <input type="checkbox"/> OTHER:			
CURRENTLY UNDER TREATMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		DIAGNOSIS:		MEDICATIONS:			
Pre-Payment for Treatment will be made by: <input type="checkbox"/> Visa/MC/AMEX/Discover <input type="checkbox"/> CASH <input type="checkbox"/> Care Credit <input type="checkbox"/> Scratch Pay							

Authorization for medical and / or surgical treatment:

I, the undersigned, as owner and/or responsible agent of the animal presented for diagnosis and/or treatment, do hereby authorize the veterinarians of TrueCare for Pets (and assistants the doctor may designate) to administer treatment as is considered therapeutically and/or diagnostically necessary of the basis of findings during the course of said evaluation. I further consent to the administration of such anesthetics and surgical procedures that are deemed necessary on the treatment of the emergent animal. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

I assume financial responsibility for all charges incurred to the patient. I understand that any estimate rendered by the clinic is an attempt to predict as accurately as possible the costs of services performed. The exact amount of the fees shall depend upon various factors including, but not limited to, unforeseen circumstances that require additional services for the benefit of the animal. Any animal not picked up within the specified time frame may be transferred to the local Animal Shelter.

Should the animal require hospitalization, I agree to make a pretreatment deposit in the amount of the estimated cost of treatment. I further understand that all fees are due and payable in full at the time of release of the animal.

X

SIGNATURE OF OWNER / RESPONSIBLE AGENT

DATE

Arbitration Agreement

All disputes arising out of this Agreement shall be resolved by binding arbitration under the rules of Judicial Arbitration as contained in California Civil Code of Procedure Section 1280 et. seq., which shall not include the right to formal discovery including depositions of parties and third party witnesses, subpoena duces tecum, form interrogatories, special interrogatories, rights of inspection and the Arbitrator shall not have the authority to order the same.

The forum for the arbitration shall be either, American Arbitration Association, Adjudicate West, Judicial Arbitration and Mediations Services of California (JAMS) or an arbitrator appointed by a court of law of property jurisdiction. The party first filing for arbitration shall select which of the above forums to use.

The award of the arbitrator shall be binding and either party may petition a court of competent jurisdiction to convert the award to an enforceable court judgment. A court of competent jurisdiction shall have the power to issue interim orders as the court deems appropriate to maintain the status quo pending the issuance of the award and or judgment. Each party shall pay their own Arbitration expenses, including legal fees, arbitrator's fees and arbitration administrative fees regardless of which side is the prevailing party and the arbitrator shall not have the authority to award such costs and or expenses to either side.

X

SIGNATURE OF OWNER / RESPONSIBLE AGENT

DATE

TrueCare for Pets Photo Video Release Authorization Form

By signing and printing my name below, I grant TrueCare for Pets and their representatives and affiliates, permission to take any and all information, photographs, and/or videos of me and/or my pet(s), and to copyright, use, post, and publish the above in both print and electronically.

I agree that TrueCare for Pets and their representatives and affiliates, may use such information, photographs, and videos of me and my pet(s) with or without my name and for any lawful purposes. These purposes include, but are not limited to the following: video, trade show booth, brochures, display advertisements, signage, Yellow Pages, newsletters, private invitations, social media platforms, websites, lectures, and marketing related materials. This permission extends to all future usage, all future printings, and all future postings. I understand that absolutely NO personal information, such as address, phone number, financial information, and material considered sensitive, will be released or made public. I also understand that there will be NO compensation from TrueCare for Pets and their representatives and affiliates for the use of the photograph(s) and video(s) now and in the future. I will make NO monetary or other claims against TrueCare for Pets and their representatives and affiliates for their use of the interview, information, photograph(s) and/or video(s).

Thank you for your support and in aiding us with the process of bettering the lives of our pets through research, state-of-the-art care, and publicity! Please like and follow us; spread the word!

X

SIGNATURE OF OWNER / RESPONSIBLE AGENT

DATE

FOR STAFF USE ONLY*FOR STAFF USE ONLY***FOR STAFF USE ONLY*****

Entering Complaint:

Temp:	HR:	RESP:	MM/CRT:	WT:
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11730 Ventura Blvd. • Studio City, CA 91604 • P (818)760-3882 F (818)760-0232