

# Village Veterinary Hospital

Dr. Ricardo Ahedo  
 3125 W. Benjamin Holt Drive  
 Stockton, CA 95219  
 (209) 951-5180

# Companion Animal Eye Care

Dr. Dennis Olin  
 3125 W. Benjamin Holt Drive  
 Stockton, CA 95219  
 (209) 951-5180

## Welcome

*Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill in this form completely. Thank you!*



Owners Name: \_\_\_\_\_ please circle one: Dr. Mr. Mrs. Ms. Miss

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone:(     ) \_\_\_\_\_ Cell Number:(     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Owner's Birthdate:(Needed for Controlled Substances) \_\_\_\_\_

Spouse/Significant Other's Name: \_\_\_\_\_ please circle one: Dr. Mr. Mrs. Ms. Miss

Cell Number:(     ) \_\_\_\_\_ Birthdate: (Needed for Controlled Substances) \_\_\_\_\_

Preferred method of contact (please circle):   EMAIL   TEXT   MAIL   \*this is for any reminders ie: appointments, vaccines, exams.. ect.

Emergency Contact Name: \_\_\_\_\_ Phone Number:(     ) \_\_\_\_\_

Village Veterinary Hospital and Companion Animal Eye Care requires payment in full at the end of your pet's examination and/or at the time of discharge. For some treatment or hospitalized care, a deposit is required. Healthcare plans requiring comprehensive care of more than \$500, will require a 50% deposit to begin your pet's treatment.  
 Payment forms accepted: Cash, Visa, Mastercard, American Express, Discover, and Care Credit.  
**WE DO NOT ACCEPT CHECKS.**

Veterinarian Referral (Companion Animal Eye Care patients only): \_\_\_\_\_

Pet #1	Pet #2	Pet #3
Name:	Name:	Name:
Dog     Cat	Dog     Cat	Dog     Cat
Male     Female Altered:   Yes   No	Male     Female Altered:   Yes   No	Male     Female Altered:   Yes   No
Breed:	Breed:	Breed:
Color:	Color:	Color:
Birthdate:	Birthdate:	Birthdate:

I, the undersigned owner or authorized agent of the above patient(s), hereby authorize the doctors of Village Veterinary Hospital and Companion Animal Eye Care to administer such treatment as is necessary. I understand that in accordance with section 18.34 of the California Civil Code, if the owner of any animal left in the hospital is not picked up within 14 days after the day the animal is to be released the animal shall be deemed abandoned.

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_