



Erik Corona Pet Care

New Client Form

Owner: _____ Date of Birth: ____ / ____ / ____

Address: _____

Primary Phone: (____) ____ - ____ Secondary Phone: (____) ____ - ____

Email: _____

Occupation: _____ Employer: _____

Co-Owner (if applicable): _____

Secondary Email: _____

How did you hear about us: ☐ Internet Search ☐ Yelp ☐ Drive By

☐ Friend (who can we thank?): _____

Emergency Contact

Name: _____ Relationship: _____ Phone: (____) ____ - ____

☐ I consent to the use of my pet's likened and medical information for marketing and educational purposes.

I agree to pay for all the services rendered in accordance with the terms and conditions of this office. I, or my agent, hereby authorize the doctor(s) at Erik Corona Pet Care to treat, diagnose, and prescribe for my animal(s).

ALL FEES ARE DUE AT THE TIME OF SERVICE

Please note that if you are more than 10 minutes late for your appointment, we may need to reschedule it to the next available appointment. If a cancellation is needed, the appointment must be cancelled at least 24 hours in advance, or you will be subject to a cancellation fee up to the cost of the scheduled visit.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____

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Acknowledgment

MEDICAL/SURGICAL TREATMENT AUTHORIZATION

I certify that I am 18 years of age or older and am the owner and/or authorized agent of the animal presented for diagnosis and/or treatment. I do hereby authorize Erik Corona Pet Care, its doctors, staff, volunteers and/or agents to administer treatment as is considered therapeutically and/or diagnostically necessary on 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.

Signature: _____ Date: ____ / ____ / ____

FINANCIAL RESPONSIBILITY

I assume financial responsibility for all charges incurred for this 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 pre-treatment 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.

Signature: _____ 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

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prevailing party and the arbitrator shall not have the authority to award such costs and or expenses to either side.

Signature: _____ Date: ____ / ____ / ____

CODE OF CONDUCT

I AGREE TO TREAT ALL STAFF WITH RESPECT. I UNDERSTAND THAT IF AT ANY TIME I EXHIBIT ANY OF THE FOLLOWING BEHAVIOR, I WILL IMMEDIATELY HAVE TO SEEK MEDICAL CARE FOR MY PET ELSEWHERE.

Verbal Threats
Menacing or derogatory gestures
Harassing, offensive or intimidating statements
Racial or cultural slurs or other derogatory remarks

Signature: _____ Date: ____ / ____ / ____

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Photo Release

PHOTO/VIDEO RELEASE AUTHORIZATION

By signing and printing my name below, I grant Erik Corona Pet Care, 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 Erik Corona Pet Care, their representatives and affiliates, may use such information, photographs, and videos of me and my pet(s) 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 Erik Corona Pet Care, or 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 Erik Corona Pet Care, or their representatives and affiliates for their use of the interview, information, photograph(s) and/or video(s).

Pet's Name: _____

D.O.B: ____/____/____ or (Approximate Age): _____ Sex: _____

Species: _____ Breed: _____ Color: _____

Signature: _____ Date: ____/____/____

Print Name: _____