

Animal Hospital of Redondo Beach

820 Torrance Blvd.

Visit us online as www.ahorb.com

Phone: (310) 540-9044

Redondo Beach, CA 90277

Email us [at info@ahorb.com](mailto:info@ahorb.com)

Fax: (310) 540-1667

New Owner Registration Form

Last name: _____

First name: _____

Nickname: _____

Address: _____

City, State, Zip: _____

Primary Number: _____

Email: _____

Spouse/ Partner or Relative: _____

First Name

Last name

Nickname: _____

Information for Owner #1

Information for Owner #2

Cell: _____

Cell: _____

[] Textable [] Not Textable

[] Textable [] Not Textable

Home: _____

Home: _____

Work: _____

Work: _____

Email: _____

Email: _____

Birthday: _____ For DEA

Birthday: _____ For DEA

Alternate Contact (Outside of CA in case of Earthquake)

Last name: _____

First name: _____

Phone number: _____ City/State: _____

How did you hear of our Hospital?

[] Sign/Hospital [] Internet [] Yelp [] Google [] Facebook)

Referred by: _____

PAYMENT INFORMATION, AGREEMENT AND I AM AT LEAST 18 YEARS OLD:

All fees are due payable upon release of your pet or at the time of the visit. For your convenience, we accept Visa, MasterCard, Discover and American Express, and Care Credit.

Personal checks are accepted with proof of a valid Drivers License.

The above named pet owner/ agent is responsible for all collection cost, attorney fees, and court costs incurred in the collection of delinquent bills, plus a 1.5% per month finance charge will be assessed to all past due accounts.

I am at least 18 years of age and have read, understand and agree to the above payment contract.

X _____

Date: _____