



Saiki Veterinary Mobile Care Client Registration

600 Pennsylvania Ave. #23
Los Gatos, Ca. 95030
408-399-5353

Owner's Full Name: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Home Phone#: _____ Business Phone #: _____

Cell Phone # _____ Email _____

I, the undersigned, understand and agree that a finance charge will be applied to all accounts unpaid after 30 day. The finance charge is either \$15 per month or is computed by a periodic rate of 1.75% per month (annual percentage rate of 25%) whichever sum is higher. I am also aware that if this account should become delinquent, the same shall be responsible for the collection agencies fees including reasonable attorney's fees in the amount of 33.33% of the amount placed for collection. A \$50 fee will be charged for each returned check.

I, the undersigned, understand that all medical procedure(s), or operation(s), or anesthesia(s) involves risk to my pet and will not hold the doctor and staff responsible under any circumstances. I understand that I assume all risks and will not hold the practice monetarily responsible for any adverse outcomes. I understand that Saiki Veterinary Mobile Care does not provide after- hours care and that if a procedure or surgery is performed by Dr. Saiki the patient may be referred for continued after- hours monitoring and that I authorize procedures with this in mind. I, the undersigned understand that after any anesthesia or surgery a transfer for hospitalization may be recommended by the veterinarian. I understand that anesthesia and surgery involves risk.

I, the undersigned, if I elect to help the Veterinarian handle my pet, understand that there is some risk of injury. I will not hold the doctor and staff responsible under any circumstances. I understand that I assume all risks.

I, the undersigned understand that Saiki Veterinary mobile care does not provide after hours and emergency care. I understand that if an adverse event occurs I will be referred to United Emergency clinic 408-371-6282 or another facility. I also understand that prior to any procedure or surgery referral to another facility may be recommended.

Signed _____ Date _____