

Owner/Agent Information: Please write legibly.

NEW CLIENT/PATIENT INFORMATION

Title: _____ First Name: _____ Last Name: _____

Address: _____

Zip Code: _____ City: _____ State: _____ Seasonal: Y / N

E-mail: _____

Home Phone: _____ Primary: Y / N

Cell Phone: _____ Primary: Y / N

Emergency Contact Authorized to Provide Care for Pet: Please write legibly.

First Name: _____ Last Name: _____

Phone Number: _____ Relationship: _____

Pet Information: Please write legibly.

	PET #1	PET #2	PET #3
Name of Pet:	_____	_____	_____
Spayed/Neutered:	YES or NO	YES or NO	YES or NO
Sex:	MALE or FEMALE	MALE or FEMALE	MALE or FEMALE
D.O.B or Age:	____/____/____	____/____/____	____/____/____
Species:	CANINE or FELINE	CANINE or FELINE	CANINE or FELINE
Breed:	_____	_____	_____
Color/Markings:	_____	_____	_____

Pet 1 Origin: Please write legibly.

Pet Store: _____

Humane Society: _____

Breeder: _____

Stray Pet

Pet 2 Origin: Please write legibly.

Pet Store: _____

Humane Society: _____

Breeder: _____

Stray Pet

Pet 3 Origin: Please write legibly.

Pet Store: _____

Humane Society: _____

Breeder: _____

Stray Pet



16244 S. Military Trail, Suite 340 Delray Beach, FL 33484

561.638.8282

Do you have insurance for you pet(s): YES NO **If yes, name of insurance:** _____

How did you hear about us?

Individual: someone we may thank? _____

Pet Store: _____ Groupon Other _____

Payment Policies:

- A written estimate will be provided upon request. Professional fees are due at the time services are rendered.
- We accept the following forms of payment: Visa, Mastercard, American Express, Discover, Care Credit or personal check.
- A service charge of 1.8% per month or a \$6.00 billing fee will be applied to overdue accounts. A bank fee of \$35.00 will be charged on returned checks.
- If there is a delinquent balance on any account, owner/agent will be responsible for paying collections fees, attorney fees and/or court costs.

PLEASE PROVIDE OUT RECEPTONIST WITH A COPY OF YOUR DRIVER LICENCE

SIGNATURE

DATE