

HSSC Welcome to the Animal Clinic!

Please fill out this form as completely as you can. If you have any questions, well be glad to help you. THE HUMANE SOCIETY

We look forward to working with you and your pets. Thank you for choosing the Animal Clinic, a OF SARASOTA COUNTY program of the Humane Society of Sarasota County.

Client Information

First Name:			Last Name:			
Address:			City:	State:	Zip:	
County of Residence:			Phone Number:			
Email:						
Preferred Method	of Contact: F	Phone Call Text	: E-mail			
Co-Owner of pet:			Phone Number:			
How did you hear	r about the An	imal Clinic?				
Patient Inform	ation					
Pet Name(s)	Cat/Dog	Male/Female	Neutered/Spayed?	Date of Birth (or estimate)	Breed	Color
Pet #1			-			
Pet #2						
Pet #3						_
Is your pet micro	ochipped?		No Not Sure			
Previous Veterin	arian ß Name/	Office Phone #				
in all of its publication Animal Clinic of the H edit, alter, copy, exhib PLEASE INITIAL: I AG Payment in full is req Express. WE DO NOT professional fees are assume responsibility	ns and media, with lumane Society of S pit, publish, or distr GREE	umane Society of Sarasota out payment or any other Sarasota County and will r ibute these photos for pur DECLINE ervices are rendered. We a L CHECKS. We will gladly p vices are rendered. I hereb urred in the care of these a	. MEDIA/PHOTO/VIDEO a County, its employees or age consideration. I understand a not be returned. I hereby author poses of publicizing their prod TERMS OF SERVICES ccept the following methods of prepare a written estimate of so y authorize the veterinarian t unimals. All information I have r appointed agent of the abov	ents, permission to use any p nd agree that these materia orize the Animal Clinic of th grams, for education, or for of payment: Cash, Debit, Vis services and fees if you desi o examine, prescribe for, or provided here is true to the	Is will become the pre Humane Society of any other lawful pur a, MasterCard, Discore (please ask the do treat the above-des	roperty of the f Sarasota County to pose. over and American ctor or tech). All cribed pets. I
Signature of Client Responsible for Pet(s)				Date		