



## Welcome to the Animal Clinic!

We are pleased to welcome you to our clinic. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

### Owner Information

Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer Name & Phone Number: \_\_\_\_\_  
How did you hear about our clinic: \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_ Pet's Date of Birth: \_\_\_\_\_  
Pet is a: Dog \_\_\_ Cat \_\_\_ Sex: Male \_\_\_ Female \_\_\_ Pet Has Been: Neutered \_\_\_ Spayed \_\_\_ Unknown \_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Where did you obtain this pet: \_\_\_\_\_ Date: \_\_\_\_\_  
What brand of food do you feed your pet: \_\_\_\_\_

### Please record dates of your pet's last vaccinations below:

Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_ Bordetella: \_\_\_\_\_ Parvo: \_\_\_\_\_ Corona: \_\_\_\_\_  
Feline Leukemia: \_\_\_\_\_ Other Vaccinations & Date: \_\_\_\_\_  
Does your pet have any ongoing medical problems: Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
List any flea products used on your pet or in your home: \_\_\_\_\_  
Date of last veterinary visit: \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_  
Veterinarian's Office Phone: \_\_\_\_\_ May we contact for records: Yes \_\_\_ No \_\_\_

### SOCIAL MEDIA/PHOTO/VIDEO RELEASE:

I hereby grant the Animal Clinic of the Humane Society of Sarasota County, its employees or agents, permission to use any photographs taken of myself or my pet, in any and all of its publications and media, without payment or any other consideration. I understand and agree that these materials will become the property of the Animal Clinic of the Humane Society of Sarasota County and will not be returned. I hereby authorize the Animal Clinic of the Humane Society of Sarasota County to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing their programs, education or for any other lawful purpose.

PLEASE INITIAL: I AGREE \_\_\_\_\_ I DECLINE \_\_\_\_\_

### TERMS OF SERVICES:

Payment in full is required at the time services are rendered. We accept the following methods of payment:

Cash, Debit, Visa, MasterCard, Discover and American Express. **WE DO NOT ACCEPT PERSONAL CHECKS.**

*We will gladly prepare a written estimate of services, fees if you desire (please ask the doctor or tech). All professional fees due at time services are rendered. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. All information I have provided here is true to the best of my knowledge. I have read and understand the terms of service. I hereby certify I am the owner or appointed agent of the above pet.*

Signature of Client Responsible for Pet: \_\_\_\_\_ Date: \_\_\_\_\_