



Patient Information

Please Tell Us About Yourself:

Owner's Name: _____

Last

First

Spouse/Partner

Address: _____

Street

Apt #

City

State

Zip

Primary Phone: _____ Secondary Phone: _____

Place of Employment: _____ Work Phone: _____

E-Mail: _____ Driver's Licence # _____

How Did You Become Aware of Our Hospital?

Internet Mailer/Event Sign/Drive by Personal Recommendation

Other _____ Whom may we thank? _____

Please Tell Us About Your Pet:

Name: _____ Dog OR Cat? _____

Breed: _____ Color(s): _____

Birth Date: _____ Age: _____ Indoors/Outdoors? _____

Male Female Spayed/Neutered Unknown

Where did you get your pet?

Date of last vaccines: _____ Date of last Physical: _____

Previous Veterinarian & Phone #: _____

Current Diet: _____

Current Medications: _____

Any Medical Conditions? _____

Any Allergies: _____

Is your pet on flea prevention? Y/N Type? _____ Heartworm prevention? Y/N Type? _____

I, the undersigned, understand that it is the policy of Plantation Midtown Animal Hospital that fees for my pet's care are due and payable in full at the time of services rendered. (Accepted Forms of Payment are: Cash, Check with ID, CareCredit, Visa, MasterCard, Discover and American Express)

I am aware that a service charge of 1.5% per month will accumulate on all account receivables. I further realize that, should my account become overdue, I will be in default of this contract and immediately sent to collections for prompt payment. I understand I will be responsible for all costs of collection, including, but not limited to, court costs, interest, collection agency fees, and any other costs associated with obtaining the debt I owe.

By signing this form, I certify that the above information is accurate and agree to all terms.

Signature

Date