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We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as possible. If you have any questions, we'll be glad to help you. We look forward to serving you and your pet.

CLIENT INFORMATION

NAME _____ DATE _____

ADDRESS _____ APT _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ WORK PHONE _____

EMPLOYER _____ OCCUPATION _____

HOW DID YOU HEAR ABOUT OUR PRACTICE? () YELLOW PAGES () HOSPITAL SIGN
() WEB () GOOGLE () YELP () PHONE SEARCH () GROUPON () PET STORE () FRIEND
() OTHER () WHO MAY WE THANK _____

PET INFORMATION

PET'S NAME _____ () DOG () CAT () BIRD () OTHER _____

BREED _____ SEX _____ COLOR _____

SPAYED/NEUTER () YES () NO LENGTH TIME OWNED _____

WHERE DID YOU OBTAIN YOUR PET? _____ AGE/BIRTH DAY _____

DATE VACCINES WERE GIVEN _____ () RABIES () DA2PP/FVRCPP

PREVIOUS VETERINARIAN/HOSPITAL _____

PRIOR ILLNESS _____ PRIOR SURGERY _____

MEDICATIONS _____ REASON FOR VISIT TODAY _____

PAYMENT

WE WILL GLADLY PREPARE A WRITTEN ESTIMATE OF SERVICE FEES IF YOU DESIRE. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. IN CASES OF EXTREME MEDICAL OR SURGICAL PROCEDURES WHERE FULL PAYMENT MAY BE DIFFICULT AT DISCHARGE, WE ACCEPT MAJOR CREDIT CARDS OR CAN ESTABLISH A PAYMENT ARRANGEMENT IF APPROVED IN ADVANCE OF TREATMENT. IF YOU CARRY A BALANCE THAT IS PAST DUE FOR MORE THAN 30 DAYS WE RESERVE THE RIGHT TO CHARGE THE BALANCE TO ANY CREDIT CARD USED AT ANIMAL MEDICAL CENTER. THERE WILL BE A \$25.00 SERVICE CHARGE FOR ANY RETURNED CHECK. SORRY WE DO NOT ACCEPT BUSINESS OR COMPANY CHECKS.

() CASH () VISA () MASTER CARD () AMEX () DISCOVER () CARE CREDIT () CHECK

SIGNATURE _____ DATE _____