



PET CARE CENTER OF APOPKA



RIVER OAKS ANIMAL HOSPITAL



EAST LAKE ANIMAL CLINIC



CLIENT REGISTRATION / PATIENT INFORMATION

Welcome to our Hospitals!

Please complete all of the following information:

FIRST NAME—MIDDLE NAME—LAST NAME

SPOUSE'S NAME

HOME PHONE NUMBER

CELL PHONE

SPOUSE'S CELL PHONE

EMAIL

STREET ADDRESS / APT. #

CITY

STATE

ZIP CODE

COUNTY

EMPLOYER

WORK PHONE

DRIVERS LICENSE NUMBER

STATE ISSUED

DATE OF BIRTH

How did you find us?

EmbarQ Yellow Pages

Southern Bell Yellow pages

Walk In

Internet

Sign

Personal Recommendation? Who may we thank?

Other:

PATIENT INFORMATION

NAME

Dog

Cat

Other

BREED

BIRTHDATE

AGE

COLOR

SEX

SPAYED? / NEUTERED?

DIET

Canned

Dry

Semi—moist

Table Food

Treats

Brand of Primary Diet Food?

Special Diet?

Is your pet allergic to any food or drugs?

Yes

No If yes please specify

Current Medications

Chronic Aliments

To allow for continuity of complete medical care, please list the most recent veterinary hospital at which your pet was examined. Treated or Received vaccinations:

Name of Hospital

Telephone

FINANCIAL POLICY

It is necessary before any service is delivered that all clients understand what is expected of them financially.

I UNDERSTAND BY TYPING MY NAME IN THE BOX BELOW I AM SIGNING AN ELECTRONIC DOCUMENT.

You are here for quality pet care which we look forward to delivering. In exchange for delivering this service, we wish to be paid in full for our services. First time clients must pay the entire estimated cost of services prior to services being rendered. Existing clients are requested to leave a deposit on all services estimated over \$100.00. We do require that the full balance be paid when services are rendered and prior to releasing pet(s). Occasionally there maybe an outstanding balance due. You may pay balances on your account by cash, check, MasterCard, Visa, Discover, Care Credit and American Express. Returned check service fee is as follows: \$25.00 - \$50. or less; \$30.00 - over \$50 but less than \$300; \$40.00 over \$300. This fee would apply each time the check is returned. There will be a \$3.00 billing charge and a 1-1/2 monthly finance charge on all account balances not paid in full within 30 days of treatment. If this account is assigned to a collection agency an additional 40 of amount owed will be added to balance. All costs of collections shall be paid by client - including, but not limited to, a reasonable attorney fee whether or not action is taken. This is the policy for all our patients and will help continue the quality care your pet receives.

My signature, as noted below, is a confirmation that all of the above completed information is correct and, it is also my understanding, that there will be as charge for any and all services provided for my pet(s), be it now or at any subsequent visits in the future, presented by myself or an authorized agent.

I have read and understand the financial policy of the hospital, as stated above, and agree to comply with this policy.

DATE