



# Hernando Animal Clinic

Welcome to **YOUR** animal clinic!!

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

## CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Owner/Spouse Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Co-Owner/Spouse's Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

YOUR DRIVERS LICENSE IS REQUIRED AT REGISTRATION FOR IDENTIFICATION AND INFORMATION VERIFICATION.  
ALL FEES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED. WE DO NOT OFFER FINANCING OR IN-HOUSE CREDIT!

We accept the following forms of payment: Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit.

How did you become aware of our clinic? \_\_ Yellow Pages \_\_ Sign \_\_ Newspaper \_\_ Internet \_\_ Clipper Magazine \_\_ Flyer  
Personal Recommendation (Whom may we thank?) \_\_\_\_\_

## PATIENT INFORMATION

### Pet 1

Name: \_\_\_\_\_ Species: \_\_ Dog \_\_ Cat \_\_ Bird \_\_ Other \_\_\_\_\_  
Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Sex: \_\_ Male \_\_ Female Has your pet been spayed or neutered? \_\_ Yes \_\_ No  
Any Known Allergies? \_\_\_\_\_ Special Diet/Medications: \_\_\_\_\_  
Date of last known vaccinations: \_\_\_\_\_ Where were they administered? \_\_\_\_\_

### Pet 2

Name: \_\_\_\_\_ Species: \_\_ Dog \_\_ Cat \_\_ Bird \_\_ Other \_\_\_\_\_  
Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Sex: \_\_ Male \_\_ Female Has your pet been spayed or neutered? \_\_ Yes \_\_ No  
Any Known Allergies? \_\_\_\_\_ Special Diet/Medications: \_\_\_\_\_  
Date of last known vaccinations: \_\_\_\_\_ Where were they administered? \_\_\_\_\_

Please note: Current vaccinations **by a licensed veterinarian** are required for the admission of your pet to our hospital. Owner administered vaccinations are not acceptable. This includes admission for elective surgery, boarding, grooming and well animal care. Proof of vaccinations is required prior to admission and is the responsibility of the client. \_\_

I agree to allow the doctors and staff of Hernando Animal Clinic to treat my pet and I accept responsibility for all accumulated fees associated with the care that my pet(s) receive. I understand that I am responsible for payment in full prior to discharge according to Hernando Animal Clinic policy and will be held responsible for service or collection fees if balance is not paid in full.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

