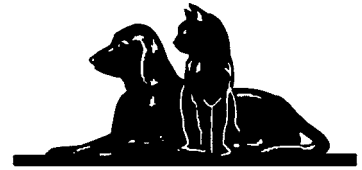


Animal Hospital of University Drive

2585 N. University Drive • Sunrise, Florida 33322
(954) 741-3114 • Fax: (954) 749-6776



PATIENT REGISTRATION FORM

Owner's Name: _____ Spouse Name: _____

Address: _____ Apt. _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone (Home): _____ (Cell): _____

Pet's Name: _____ Species: _____ Breed: _____

Pet's Date of Birth: _____ Sex: _____ Spay or Neuter _____ Color: _____

Referred By: _____

Date of last Vaccination:

Distemper _____ Parvo _____ Rabies _____ Corona _____ Bordetella _____ Feline Leukemia _____

Heartworm Test _____ Fecal Parasite Exam _____ FELV/FIV Test _____

Current on Heartworm Prevention? Yes No Product used? _____

Current on Flea Prevention? Yes No Product used? _____

Previous Animal Hospital where vaccinated? _____

Is your pet allergic to any drugs or foods? Yes No

List any prior health problems your pet has had _____

Current Medications: _____

- I am the owner of the above named animal or am responsible for it, or have the authority to execute this consent on behalf of the owner.
- I am eighteen years of age or older.
- I understand that as a prerequisite to my animal being admitted, vaccinations must be current and that my pet be free of external and internal parasites (fleas, ticks, worms, etc.) or these will be corrected at admission and charged accordingly.
- I authorize the Animal Hospital of University Drive to administer any medication, tests, anesthetics or surgical procedures that the doctor deems necessary for the health, safety, or well being of my pet.

ALL FEES FOR PROFESSIONAL SERVICES ARE DUE AND PAYABLE PRIOR TO DISCHARGE OF YOUR PET

I agree that if it becomes necessary to collect fees through the services of an attorney, either prior to litigation or after litigation is filed, I will pay all reasonable attorney's fees and costs. In the event that I do not pay all or part of my bill when due, I will pay a **finance charge of 18% per annum (1.5% per month)** on the unpaid balance, and on any judgment obtained against me for amounts owed.

IDENTIFICATION OF CLIENT OR AGENT: THIS INFORMATION MUST BE FILLED OUT IN FULL

Place of Employment: _____ Date of Birth: _____

Driver's License #: _____ (Please have available for photocopy)

Emergency Telephone Number: _____

Name/Number of a contact if we cannot reach you _____

Signature of Owner or Owner's Agent: _____

Checked in by: _____ Date: _____