



Welcome to our practice!

The Animal Clinic

3300 Tamiami Tr. Suite 103

Port Charlotte FL 33952

941-625-0742

theanimalclinic@embarqmail.com

Theanimalclinic.net

Gregory Fluharty, DVM

John Rand, DVM

Debbie Marks, DVM

Date:

E-mail Address:

Owner Name:

Spouse:

Address:

City:

State:

Zip:

Home number:

Cell number:

Pet's name:

Species:

DOB:

Breed:

Sex:

How did you become aware of our clinic? (Check one)

- Yellow Pages
- Client Referral
- Website
- Building Sign
- Other (please explain) _____

Do you have pet insurance? Yes No Carrier: _____ Policy _____

Would you be interested? Yes No

Do you have Care Credit? Yes No

Would you be interested? Yes No

We will gladly prepare a written Health Care Plan if you desire. This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we accept Visa, MasterCard, Discover and American Express. There will be a \$35.00 service fee for any checks returned unpaid. If you are interested in a Care Credit payment plan please ask a staff member to assist you. To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free of intestinal parasites. Your signature authorizes this level of preventative care and the appropriate charges will be assessed in the invoice.

Signature: _____ Date: _____

