

Veterinary Medical Hospital of Clearwater

NEW CLIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL: _____ WORK: _____
OCCUPATION: _____ PLACE OF EMPLOYMENT _____
EMERGENCY CONTACT: _____ PHONE # _____
E-MAIL: _____ How did you hear about us? _____
(If you were referred to us, please give us the name so we can thank them.) _____

PAYMENT IS DUE AT TIME OF VISIT. A DEPOSIT MAY BE REQUIRED.
PAYMENT METHODS: CASH, CREDIT CARD, CHECK- with id, (CIRCLE ONE)

ANIMAL INFORMATION

NAME: _____ SPECIES (DOG or CAT) BREED: _____ COLOR: _____
MALE: _____ NEUTERED: _____ FEMALE: _____ SPAYED: _____
PET'S BIRTHDAY: _____ LAST RABIES DATE: _____
PAST MEDICATIONS, DIET, OR MEDICAL PROBLEMS: _____

CURRENT MEDICATIONS, DIET, OR MEDICAL PROBLEMS: _____

I CERTIFY THAT I AM THE OWNER AND /OR AGENT OF THE ANIMAL THAT I HAVE BROUGHT HERE TO THE VETERINARY MEDICAL HOSPITAL OF CLEARWATER AND I DO HEREBY COMMISSION AND AUTHORIZE THEM TO HOSPITALIZED, ADMINISTER ANY MEDICATIONS, TESTS, SURGICAL PROCEDURES OR TREATMENT THAT THEY DEEM NECESSARY FOR THE HEALTH AND WELL-BEING OF THE PET WHILE UNDER THEIR CARE AND SUPERVISION, SUBJECT TO AND AFTER ALL REASONABLE EFFORTS TO REACH THE OWNER HAVE FAILED, VMHOC HAS THE RIGHT TO DISPOSE OF THE PET IN ANY WAY THEY SEE FIT WHICH WILL NOT ALLEVIATE MY FINANCIAL RESPONSIBILITY. INTERNET PERSCRIPTIONS ARE AT THE DISCRETION OF THE DOCTOR AND A FEE MAY BE IMPOSED.

I UNDERSTAND THAT PAYMENT IN FULL IS DUE WHEN SERVICES ARE RENDERED.
PAYMENT MAY BE BY CASH, LOCAL CHECK, VISA, MASTERCARD, AMEX, DISCOVER, CARE CREDIT

I AGREE TO PAY A 59.00 SERVICE CHARGE FOR BAD OR NSF CHECKS.

I AGREE TO PAY ALL LAWYER COSTS FOR COLLECTION IF THE NEED ARISES.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND FULLY UNDERSTAN THE TERMS AND CONDITIONS SET FORTH.

SIGNATURE: _____ DATE: _____