

NEW CLIENT INFORMATION SHEET

Welcome to the **Animal Hospital of Ft Lauderdale**. So that we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best, loving, compassionate, veterinary health and wellness care from before hello to beyond good-bye. We offer full service veterinary care, lodging, and bathing for your best friends.

CLIENT INFORMATION

First name _____ Last name _____

Spouse first name _____ Spouse last name _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Ext _____ Cell (____) _____

Occupation _____ Employer _____

E-mail address _____ **Your e-mail address will never be sold or shared. It is used solely for communication purposes by our hospital for appointment reminders, in-hospital promotions, and our newsletter.** For identification purposes, check writing privileges, or credit card payments, we will confidentially maintain a copy of your Driver's License in your file.

For Appointment reminders do you prefer phone call text message email message

How did you become aware of our hospital?

- Referred by friend Who may we thank? _____
 Referred by veterinarian Who may we thank? _____
 Drove by Brochure Previous client Website, www.ahofl.com Facebook Yahoo
 Yelp Google Yellow pages Other _____

AUTHORIZATION FOR PAYMENT OF SERVICES

Payment is expected when services are rendered. For your convenience, we accept cash, check, CareCredit, MasterCard, Visa, Discover and American Express.

IT IS NOT THE POLICY OF THIS HOSPITAL TO EXTEND CREDIT. IF, HOWEVER, CIRCUMSTANCES ARISE WHICH NECESSITATE THE EXTENSION OF CREDIT, I UNDERSTAND THAT CREDIT SHALL ONLY BE EXTENDED UPON THE PRIOR APPROVAL OF THE DOCTOR. ARRANGEMENTS FOR SUCH CREDIT MUST BE DISCUSSED WITH THE DOCTOR BEFORE ANY SERVICES ARE RENDERED.

I agree that if full payment for the services is not made at the time services are rendered, interest will accrue at the rate of 1.5% per month on any outstanding balance. In the event I fail to pay for any services rendered and it becomes necessary to submit this account to a collection, I understand that I will be responsible for the outstanding balance in addition to all costs of collection, including collection agency fees, attorney's fees, court costs and other litigation costs which may be incurred by the Animal Hospital of Ft Lauderdale in collecting any outstanding balance on my account.

I verify that all of the information provided is accurate.

Signed _____

Date _____

PET INFORMATION SHEET

PATIENT

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Bird Ferret Reptile Rabbit Other _____

Pet's Date of Birth (Month/Day/Year)____/____/____ Breed_____ Color_____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No

If yes, what? _____

What type of food does your pet eat? _____ Treats? _____

Dates of last vaccinations:

Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____ Kennel cough: _____

Heartworm test: _____ Is your dog on heartworm preventives? Yes No Brand: _____

Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____ Feline leukemia: _____

Where were the most recent vaccinations given? _____

Your previous veterinarian? _____ Phone (____)_____

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