



# CLEAR LAKE ANIMAL HOSPITAL

2725 N. Australian Ave | WPB, FL 33407

561-655-5929 | Fax: (561) 655-7229

www.vetinpalmbeach.com

## New Client Form

Client # \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Spouse Name \_\_\_\_\_ Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

How Did You Hear About Us? Referral Name \_\_\_\_\_ Internet / Facebook / Drive By / Rescue Group / Shelter  
(Circle One)

### Pet Information

Pet Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Microchip # \_\_\_\_\_

(Circle One) Dog / Cat Sex: Male / Neutered Female / Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

List any Anxiety or Aggression Issues we should know about: \_\_\_\_\_

List of Medical Conditions: \_\_\_\_\_

List all Current Medications: \_\_\_\_\_

List all Allergies: \_\_\_\_\_

Date of Last Professional Dental Cleaning: \_\_\_\_\_ Any Extractions? \_\_\_\_\_

Do you perform Home Dental Care? What method do you use? \_\_\_\_\_

Current Diet & Feeding Instructions: \_\_\_\_\_

Is your pet on monthly Prevention? Yes / No If yes, what is the Brand name? \_\_\_\_\_

### INITIAL BELOW

\_\_\_\_\_**PATIENT RECORDS:** I grant permission to have my pet(s) patient records sent to another hospital, boarding, grooming or daycare facility if requested.

\_\_\_\_\_**PATIENT PICKUPS/LATE FEES:** Patient pickups are by 4:30 pm. A late fee of \$25 will be applied after 5:00 pm.

\_\_\_\_\_**PHOTO RELEASE:** I grant Clear Lake Animal Hospital, its representatives and employees the right to take photographs of my pet(s). I authorize Clear Lake Animal Hospital, its assigns & transferee's to copyright, use & publish the same in print and/or electronically. I agree Clear Lake Animal Hospital may use such photographs of my pet & for any lawful purposed including for example, such purposes as educational, publicity, illustration, social media, advertising & web content.

\_\_\_\_\_**PAYMENT FOR SERVICES RENDERED:** Payment is collected at the time of appointment, services or purchase of goods. We accept Visa, MasterCard, American Express, Discover, Cash and CareCredit.

*I have read and understand Clear Lake Animal Hospital's Policies regarding Patient Records, Patient Pickup Times, Late Fees, Photo Release and Payment for Services rendered.*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank You!



# CLEAR LAKE ANIMAL HOSPITAL

2725 N. Australian Ave | WPB, FL 33407

561-655-5929 | Fax: (561) 655-7229

www.vetinpalmbeach.com

## Payment Form

Client # \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address(es): \_\_\_\_\_

***Payment is collected at the time of appointment, services or purchase of goods. We accept Visa, MasterCard, American Express, Discover, Cash and CareCredit.***

Cardholder Name: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I have read and understand Clear Lake Animal Hospital's Policy regarding Payment for Services rendered.***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

