



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: _____





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: _____

