



# CLEAR LAKE ANIMAL HOSPITAL

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(561) 655-5929 | Fax: (561) 655-7229  
[www.vetinpalmbeach.com](http://www.vetinpalmbeach.com)

Name \_\_\_\_\_ Date \_\_\_\_\_ Client # \_\_\_\_\_  
 Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Spouse Name \_\_\_\_\_ Email \_\_\_\_\_  
 Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
 Who Referred You? Name: \_\_\_\_\_ Internet Facebook Drive By Rescue Group Shelter

### Pet Information

Pet Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Microchip # \_\_\_\_\_  
 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? Yes No 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, employees, assigns, and transferees the right to take photographs of my pet(s). I further authorize them to copyright, use, and publish these photographs in print and/or electronically. I agree they may use such photographs of my pet(s) for any lawful purpose, including educational, publicity, illustration, social media, advertising, and 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.***

Print Name

Signature

Date