



Welcome to the Animal Clinic!

We are pleased to welcome you to our clinic. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Owner Information

Owner's Name: _____ Home Phone: _____
Email Address: _____ Cell: _____
Street Address: _____ APT/Unit #: _____
City: _____ State: _____ Zip Code: _____
Emerg./2nd Contact Name: _____ Relationship: _____
Emerg./2nd Contact Home Phone: _____ Cell: _____
How did you hear about our clinic: _____

Pet Information

Pet's Name: _____ Pet's DOB/Age: _____
Pet is a: Dog ___ Cat ___ Sex: Male ___ Female ___ Pet Has Been: Neutered ___ Spayed ___ Unknown ___
Breed: _____ Color: _____
Where did you obtain this pet: _____ Date: _____

Please record dates of your pet's last vaccinations below:

Rabies: _____ Distemper: _____ Bordetella: _____ Parvo: _____ Corona: _____
Feline Leukemia: _____ Other Vaccinations & Date: _____
Does your pet have any ongoing medical problems: Yes ___ No ___ If yes, please list: _____

Previous Veterinarian: _____ Veterinarian's Office Phone: _____

May we contact for records: Yes ___ No ___

SOCIAL MEDIA/PHOTO/VIDEO RELEASE:

I hereby grant the Animal Clinic of the Humane Society of Sarasota County, its employees or agents, permission to use any photographs taken of myself or my pet, in any and all of its publications and media, without payment or any other consideration. I understand and agree that these materials will become the property of the Animal Clinic of the Humane Society of Sarasota County and will not be returned. I hereby authorize the Animal Clinic of the Humane Society of Sarasota County to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing their programs, education or for any other lawful purpose.

PLEASE INITIAL: I AGREE _____ I DECLINE _____

TERMS OF SERVICES:

Payment in full is required at the time services are rendered. We accept the following methods of payment: Cash, Debit, Visa, MasterCard, Discover and American Express.

WE DO NOT ACCEPT PERSONAL CHECKS OR CARE CREDIT.

We will gladly prepare a written estimate of services, fees if you desire (please ask the doctor or tech). All professional fees due at time services are rendered. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. All information I have provided here is true to the best of my knowledge. I have read and understand the terms of service. I hereby certify I am the owner or appointed agent of the above pet.

Signature of Client Responsible for Pet: _____ Date: _____