



Patient & Client Information Sheet

Thank you for giving Animal & Bird Medical Center of Palm Harbor the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

MR./MRS./DR./MS.

OWNER(S): _____ SPOUSE: _____

ADDRESS: _____
STREET CITY STATE ZIP

RESIDENCE PHONE: _____ CELLULAR: _____

WHAT IS YOUR BEST CONTACT NUMBER: _____

E-MAIL: _____

We never disclose your e-mail to third parties. E-mails help us send you the most important information for your pet, including emergency disease outbreak information.

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____
EMPLOYER TITLE

SPOUSE'S PLACE OF EMPLOYMENT: _____ WORK PHONE: _____
EMPLOYER TITLE

Are there any other names you would like added to this account? _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? (Select as many as applicable) FIRST & LAST NAME

Hospital Sign Humane Society A Pet Spa Groomers Internet: Google Search

Another Animal Hospital _____

Personal Recommendation _____
FIRST & LAST NAME

So that we are able to serve you better:

What is most important to you in veterinary care? _____

What has to happen for you to know you have had excellent veterinary care? _____

Were you ever disappointed with another veterinarian? What caused it? _____

Would you like information on: FLEA CONTROL BATHING BOARDING TOUR

PLEASE SEE REVERSE SIDE FOR PATIENT INFORMATION

Account # _____
Last Name _____

Pet's Name _____ Sex _____ Age/DOB _____ Breed _____ Color _____ Spayed/Neutered

Pet's Name _____ Sex _____ Age/DOB _____ Breed _____ Color _____ Spayed/Neutered

Pet's Name _____ Sex _____ Age/DOB _____ Breed _____ Color _____ Spayed/Neutered

FOR DOG OWNERS: (please check appropriate answer)

Has your dog had vaccines within the last year? Yes No Unsure

Has your dog been tested for Heartworms within the last year? Yes No Unsure

Is your dog currently on heartworm prevention? Yes No Unsure

FOR CAT OWNERS: (please check appropriate answer)

Has your cat been vaccinated within the last year? Yes No Unsure

Has your cat been tested for Feline Leukemia in the last year? Yes No Unsure

Has your cat been vaccinated for Feline Infectious Peritonitis (FIP) in the last year? Yes No Unsure

Does your cat go outside? Yes No Unsure

FOR BIRD OWNERS: (please check appropriate answer)

Has your bird had a routine yearly exam? Yes No Unsure

Has your bird been tested for Psittacosis? Yes No Unsure

What diet is your bird currently on? _____

Please list the name and phone number (if known) of your previous veterinarian.

Has your pet had any serious injuries or diseases? Yes No

If yes, please explain: _____

Has your pet had any adverse reactions to any vaccines, drugs, or shampoos: Yes No

If yes, please explain: _____

Is your pet on a special diet or medication? Yes No

If yes, please explain: _____

Payment is due when services are rendered. For your convenience, we accept cash, check, Discover, VISA, AMEX, MasterCard or Care Credit. A service charge will be applied to your account on all returned checks. All Persons listed on account must provide a driver's license number and signature. (In order for us to better serve you, please provide us with a current driver's license # so that we may keep our records organized)

Driver's License #

Driver's License #

Additional Person on Account

GUARANTEE OF PAYMENT & AUTHORIZATION TO PHOTOGRAPH

FOR VALUE RECEIVED, THE UNDERSIGNED DOES HEREBY AGREE TO GUARANTEE AND PROMISE TO PAY **ANIMAL AND BIRD MEDICAL CENTER OF PALM HARBOR, INC.**, ALL CHARGES AND EXPENSES INCURRED IN THE TREATMENT OF THE NAMES PATIENT. IF ANY ACTION AT LAW OR IN EQUITY IS BROUGHT TO ENFORCE THIS AGREEMENT, **ANIMAL AND BIRD MEDICAL CENTER OF PALM HARBOR, INC.**, SHALL BE ENTITLED TO REASONABLE ATTORNEY'S FEES, COURT COSTS, AND ANY OTHER COSTS OF COLLECTION INCURRED. I UNDERSTAND THAT ALL BILLS ARE PAYABLE AND BECOME DUE UPON PRESENTATION. I GIVE **ANIMAL & BIRD MEDICAL CENTER** THE PERMISSION TO USE MY PETS PHOTOGRAPH, VIDEO, OR OTHER DIGITAL MEDIA FOR THE USE OF SOCIAL MEDIA PUBLICATION.

Signature

Date

Signature

Date