

FLORENCE ANIMAL CLINIC NEW CLIENT/PATIENT CHECK IN FORM

Client Information:

Last Name: _____ First Name: _____

Address: _____

City, ST: _____ Zip Code: _____

Home Phone # _____ Cell Phone # _____

E-mail Address (for clinic use only): _____

Driver Lic.# _____

Employer: _____ Work Phone #: _____

Name of Spouse: _____

Spouse's Employer: _____ Spouse Work # _____

Spouse Cell Phone # _____

Patient Information:

Pet's Name: _____ Species: (Circle One) - DOG CAT

Sex: (Circle One) Female Female Spayed Male Male Neutered

Breed: _____ Color: _____

Age: _____ Birth date (if known): _____

Any known allergies: _____ Special Diet: _____

Current Medications: _____

Reason for visit: _____

If referred, please let us know. _____ So we can thank them!

If not how did you hear about the clinic? _____

Payment

We will gladly prepare a written estimate of service fees if you desire (please ask tech/doctor). All professional fees are due at the time services are rendered. We accept major credit cards, checks & cash. Payment plans are not available unless we have previous client/patient relations. There will be a \$25.00 returned check fee for any bad checks.

To prevent the spread of infectious disease & external parasites, all hospitalized or boarding patients must be current on all vaccinations required and given a capstar. Your signature below authorizes us to perform this preventative care and the appropriate charges assessed to the discharge invoice.

Signature: _____ Date: _____