

Day and Evening Pet Clinic
3206 Alternate 19 N, Palm Harbor, FL 34683
727-785-7200

New Client Information Form

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely.
Thank You!

Owner Information

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Primary Phone: _____ Secondary Phone: _____
E-mail Address: _____
Spouse: _____ Phone: _____

Pet Information

Name: _____ Breed: _____
Age/Birthday: _____ Gender: Male Female Altered: Yes No
Color: _____ Medical Condition(s): _____

Name: _____ Breed: _____
Age/Birthday: _____ Gender: Male Female Altered: Yes No
Color: _____ Medical Condition(s): _____

Name: _____ Breed: _____
Age/Birthday: _____ Gender: Male Female Altered: Yes No
Color: _____ Medical Condition(s): _____

Please let us know if you need to list more pets

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Please tell us how you hear of our hospital:

Val Pak Flyer Craigslist Friend Search Engine (ie: Google) Other: _____

Payment Policy

Please read the following carefully and initial upon reading each section

_____ We require that your payment be made in full at the conclusion of your visit. We are unable to offer any kind of payment plans or client accounts through our hospital. Acceptable forms of payment are Visa, MasterCard, Discover, American Express and cash. We do offer financing through Care Credit®.

_____ We do **NOT** accept checks.

_____ If fleas are found on your pet, for your pet's health and the health of other pets staying in the hospital, they will be treated at your expense. Flea treatments range from \$5-\$25.

_____ Estimate of services are available **before** any treatment is given, please inform the receptionist, your technician or the doctor if you would like a written estimate.

_____ If you have pet insurance, we are happy to sign the veterinary portion of the insurance forms. Your full payment will still be required when services are rendered, but you will be able to seek reimbursement with your insurance company. Please know that we have no affiliation with these insurance companies and that you will still be responsible for submitting these forms on your own.

**I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.
I assume responsibility for all charges incurred in care of this animal.**

Owner's Signature: _____ Date: _____