

Day and Evening Pet Clinic  
511 Magnolia Ave, 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

**Please tell us how you hear of our hospital:**

Val Pak  Flyer  Craig's List  Friend  Search Engine (ie: Google)  Other: \_\_\_\_\_

Is your pet on flea prevention? Yes No      Is your pet on heartworm prevention?  
Yes No

Is your pet current on vaccines? Yes No

**Clinic Policy**

*Please read the following carefully and initial upon reading each section*

\_\_\_\_\_ To prevent the spread of infectious diseases and parasites, we require animals be current on all vaccines unless our veterinarian recommend other wise. Dogs are required to have DHPP, Bordetella, and Rabies vaccines. Cats are required to have their FVRCP and Rabies vaccines.

\_\_\_\_\_ To prevent the spread of fleas and other parasites, we require that animals be current on some form of flea prevention. Pets with fleas will be treated with a topical or oral flea medication upon admission and the prescription price will be included in your invoice.

\_\_\_\_\_ In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarian(s) of Day & Evening Pet Clinic, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

**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.

\_\_\_\_\_ 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.**

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Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_