

# Welcome

## To Bartow Animal Clinic

How did you hear of us? \_\_\_\_\_ Personal Referral \_\_\_\_\_ (Name Please)  
\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Radio \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

### Client Information:

Name: \_\_\_\_\_  
Last First Spouse

Address: \_\_\_\_\_  
Street  
City State Zip Code

Primary Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Spouse Cell Phone: ( ) \_\_\_\_\_ Employer: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State issued: \_\_\_\_\_  
S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

### Pet Information:

Pet's Name	Breed	Neutered/Spayed		Date of birth	Color
		Sex	yes/no		
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____

Describe your pet's Diet \_\_\_\_\_

List your Pet's current medications \_\_\_\_\_

### Authorization:

*I hereby authorize the veterinarian to examine, prescribe for, or treat any pet that I present. I assume responsibility for all charges incurred in the care of my pet(s). I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** Any checks returned will have a service charge according to FL law. Any accounts sent to collections and/or checks that are returned are subject to additional collection fees. In addition, any accounts sent to collections will have an additional 35% of account.*

X \_\_\_\_\_

CONFIDENTIAL

