

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 | Sex | Neutered/Spayed yes/no | Date of birth | Color |
|----|------------|-------|-------|---------------------------|---------------|-------|
| 1) | _____ | _____ | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ | _____ | _____ |

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. By signing Below, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at the maximum of 25% of the debt, and all costs and expenses, including reasonable attorney's fees we incur in such collection efforts.

X _____