

CLIENT/PATIENT REGISTRATION

Please complete all portions

Owner's Name _____ Date _____

Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Home Phone# _____ Cell Phone# _____ Work Phone# _____

Email Address _____ Spouse/Partner Name _____

Referred By _____ How Did You Find Us? _____

I authorize *Imperial Point Animal Hospital* to administer any medication, perform any test or surgical procedure that the attending veterinarian may deem necessary for the health, safety, and well-being of my pet(s).

I understand that as a prerequisite to my pet(s) being admitted, all vaccinations must be current and in accordance with *Imperial Point Animal Hospital's* vaccine protocol and that my pet(s) must be free of all external and internal parasites. These prerequisites will be met at the time of admission if need be and be charged to me.

I understand that all fees for profession services at *Imperial Point Animal Hospital* are due and must be paid at the time of discharge.

I assume financial responsibility and liability for all services rendered at *Imperial Point Animal Hospital*. I understand that I will be provided a written estimate UPON MY REQUEST. In the event it becomes necessary to collect fees through the services of an attorney or collection agency, I am aware that I will be financially responsible for all attorney's fees, collection fees, filing fees, finance charges, interest charges, and other related costs that may be incurred. In the event it becomes necessary to collect these fees through litigation, I agree to pay all court costs, deposition fees, and reasonable attorney's fees incurred. I agree that venue for all actions will be in Broward County, Florida.

Signature of Owner or Owner's Agent _____

Print Name _____

Date of Birth _____ Driver's License Number _____

Place of Employment _____

Method of Payment (Check) _____ (Visa) _____ (Mastercard) _____ (American Express) _____ (Care Credit) _____

(Discover) _____ (Cash) _____ (ATM/Debit) _____ (Other, Please Indicate) _____

PET INFORMATION
Please complete all portions

Pet Name #1 _____ Breed _____

Pet's Date of Birth _____ Male _____ Female _____ Dog _____ Cat _____ Other _____

Spayed/Neutered Yes _____ No _____ Color _____

Previous Animal Hospital _____

Date of Vaccinations (Month/Year) _____

Pet Name #2 _____ Breed _____

Pet's Date of Birth _____ Male _____ Female _____ Dog _____ Cat _____ Other _____

Spayed/Neutered Yes _____ No _____ Color _____

Previous Animal Hospital _____

Date of Vaccinations (Month/Year) _____

Pet Name #3 _____ Breed _____

Pet's Date of Birth _____ Male _____ Female _____ Dog _____ Cat _____ Other _____

Spayed/Neutered Yes _____ No _____ Color _____

Previous Animal Hospital _____

Date of Vaccinations (Month/Year) _____