



PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Animal & Bird Medical Center of Palm Harbor the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

MR./MRS./DR./MS.
OWNER(S) _____ SPOUSE _____

ADDRESS _____
STREET CITY STATE ZIP

RESIDENCE PHONE _____ CELLULAR _____

WHAT IS YOUR BEST CONTACT NUMBER _____

E-MAIL _____ Would you like our free e-mail newsletter? _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____
EMPLOYER TITLE

SPOUSE'S PLACE OF EMPLOYMENT _____ PHONE _____
EMPLOYER TITLE

Are there any other names you would like added to this account? _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? (Select as many as applicable)
 _____ PHONE BOOK _____ HOSPITAL SIGN _____ MAILER
 _____ PET STORE _____ SHELTER (Name) _____ INTERNET (Name site) _____
 PERSONAL RECOMMENDATION - WHO MAY WE THANK? _____
NAME

So that we are able to serve you better:

What is most important to you in veterinary care? _____

What has to happen for you to know you have had excellent veterinary care? _____

Were you ever disappointed with another veterinarian? What caused it? _____

CIRCLE ALL THAT YOU WOULD LIKE INFORMATION ON:
 FLEA CONTROL BATHING BOARDING TOUR OTHER _____

Pet's Name _____ Sex _____ Age/DOB _____ Breed _____ Color _____ Spayed/Neutered

Pet's Name _____ Sex _____ Age/DOB _____ Breed _____ Color _____ Spayed/Neutered

Pet's Name _____ Sex _____ Age/DOB _____ Breed _____ Color _____ Spayed/Neutered

FOR DOG OWNERS: (please check appropriate answer)

Has your dog had vaccines within the last year?	Yes	No	Unsure
Has your dog been tested for Heartworms within the last year?	Yes	No	Unsure
Is your dog currently on heartworm prevention?	Yes	No	Unsure

FOR CAT OWNERS: (please check appropriate answer)

Has your cat been vaccinated within the last year?	Yes	No	Unsure
Has your cat been tested for Feline Leukemia in the last year?	Yes	No	Unsure
Has your cat been vaccinated for Feline Infectious Peritonitis (FIP) in the last year?	Yes	No	Unsure
Does your cat go outside?	Yes	No	

FOR BIRD OWNERS: (please check appropriate answer)

Has your bird had a routine yearly exam?	Yes	No	Unsure
Has your bird been tested for Psittacosis?	Yes	No	Unsure
What diet is your bird currently on? _____			

Please list the name and phone number (if known) of your previous veterinarian.

Has your pet had any serious injuries or diseases? Yes No

If yes, please explain _____

Has your pet had any adverse reactions to any vaccines, drugs, or shampoos: Yes No

If yes, please explain _____

Is your pet on a special diet or medication? Yes No

If yes, please explain _____

Payment is due when services are rendered. For your convenience, we accept cash, check, Discover, VISA, AMEX, MasterCard, Debit, or Care Credit. A service charge will be applied to your account on all returned checks. All persons listed on account must provide a driver's license number and signature.

(In order for us to better serve you, please provide us with a current driver's license # so that we may keep our records organized)

Driver's License #

Driver's License #

Additional Person on Account

GUARANTEE OF PAYMENT

FOR VALUE RECEIVED, THE UNDERSIGNED DOES HEREBY AGREE TO GUARANTEE AND PROMISE TO PAY **ANIMAL AND BIRD MEDICAL CENTER OF PALM HARBOR, INC.**, ALL CHARGES AND EXPENSES INCURRED IN THE TREATMENT OF THE NAMED PATIENT. IF ANY ACTION AT LAW OR IN EQUITY IS BROUGHT TO ENFORCE THIS AGREEMENT, **ANIMAL AND BIRD MEDICAL CENTER OF PALM HARBOR, INC.**, SHALL BE ENTITLED TO REASONABLE ATTORNEY'S FEES, COURT COSTS, AND ANY OTHER COSTS OF COLLECTION INCURRED. I UNDERSTAND THAT ALL BILLS ARE PAYABLE AND BECOME DUE UPON PRESENTATION.

SIGNATURE

DATE

SIGNATURE

DATE