



# Welcome to Animal Sterilization & Immunization Services

## Client Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

### How did you become aware of our hospital?

- Referred by friend.  Referred by Veterinarian. Whom may we thank? \_\_\_\_\_  
 Internet \_\_\_\_\_  Previous Client  Website  Facebook  Yellow pages  Newspaper  Flyers  
 Walk-in  Other: \_\_\_\_\_

## Pet Information

Pet's name: \_\_\_\_\_ Sex:  Male  Female Neutered or spayed?  Yes  No  
 Specie:  Dog  Cat  Bird  Ferret  Rabbit  Other \_\_\_\_\_ Insurance?  Yes  No  
 Date of Birth (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Microchip # \_\_\_\_\_ Reason for bringing pet in: \_\_\_\_\_  
 Does your pet have any allergies, special medications, or health problems we should know about?  Yes  No  
 If yes, what? \_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_ Treats? \_\_\_\_\_

### Dates of last vaccinations:

Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvovirus): \_\_\_\_\_ Rabies: \_\_\_\_\_ Bordetella: \_\_\_\_\_  
 Heartworm test: \_\_\_\_\_ Is your dog on heartworm preventives?  Yes  No  
 Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): \_\_\_\_\_ Rabies: \_\_\_\_\_ Feline Leukemia: \_\_\_\_\_  
 Where were the most recent vaccinations given? \_\_\_\_\_  
 Who is your previous veterinarian? \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## Authorization

Our intention is to provide you with a written estimate of fees required for vaccines, emergency care, in-clinic treatment, surgery, and/or hospitalization. Hospital accounts must be kept current throughout the period of hospitalization. It is your responsibility to make sure you are aware of the costs involved with your pet's treatment.

**Policy concerning unpaid bills/abandoned pets:** If you do not pick up your pet within three (3) days of its release date, your pet will be considered abandoned. Your total bill (treatment and hospitalization charges for the three (3) additional day, attorney fees, court costs, and collection fees (40-50% of the bill) will be turned over to a national collection agency and reported to credit bureaus to be placed on your credit record.

**Desired form of payment:** (We **DO NOT** carry open accounts and hope these alternatives are convenient for you). WE ACCEPT: CASH, DEBIT, VISA, DISCOVER, MASTERCARDS and AMEX. We also accept CARE CREDIT. NO PERSONAL OR BUSINESS CHECK.  
 which is our billing service. You must be or get approved by Care Credit in order to use this service. Furthermore, we friendly work with the majorities of pet insurances, discount plans and payment plan such as, Trupanion, PetAssure, Scratpay, etc. Please ask the receptionist for more details.

I have read the above policies and hereby authorize Veterinary Associates of South Florida & Spay and Neuter Foundation to examine, prescribe for, or treat the above described pet. I also understand that medical results cannot be guaranteed. I assume the total financial responsibility for all charges incurred in the care of the animal and agree to pay all costs of collection, reasonable attorney fees, and court costs in the event of non-payment. I also understand that **ALL PROFESSIONAL FEES/CHARGES ARE DUE BEFORE TREATMENT IS RENDERED.**

**PLEASE READ OUR POLICIES CAREFULLY BEFORE SIGNING**

Signature of client responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_