



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: _____

We never disclose your e-mail to third parties. E-mails help us send you the most important information for your pet, including emergency disease outbreak information.

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____
EMPLOYER TITLE

SPOUSE'S PLACE OF EMPLOYMENT: _____ WORK PHONE: _____
EMPLOYER TITLE

Are there any other names you would like added to this account? _____
Relationship to Client: _____ FIRST & LAST NAME

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? (Select as many as applicable)

☐ Hospital Sign ☐ Humane Society ☐ A Pet Spa Groomers ☐ Internet: Google Search

☐ Another Animal Hospital _____

☐ Personal Recommendation _____
FIRST & LAST NAME / Pet's Name (If Known)

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? _____

PLEASE SEE REVERSE SIDE FOR PATIENT INFORMATION

Account # _____ Last Name _____

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? ☐ Yes ☐ No ☐ Unsure
Does your cat go outside? ☐ Yes ☐ No ☐ Unsure

FOR BIRD OWNERS: (please check appropriate answer)

Has your bird had routine yearly blood work? ☐ 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, Apple Pay or Care Credit.

GUARANTEE OF PAYMENT & AUTHORIZATION TO PHOTOGRAPH

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 NAMES 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. I GIVE **ANIMAL & BIRD MEDICAL CENTER** THE PERMISSION TO USE MY PETS PHOTOGRAPH, VIDEO, OR OTHER DIGITAL MEDIA FOR THE USE OF SOCIAL MEDIA PUBLICATION.

Signature

Date

Signature

Date