

Plantation Animal Hospital

Client Information:

Last Name: _____ First Name: _____

Best Contact #:(_____) _____ Work #:(_____) _____

Address: _____ City: _____ Zip: _____

Email: _____

How you heard about us: _____

Other Responsible Party:

Last Name: _____ First Name: _____

Best Contact #:(_____) _____ Work #:(_____) _____

Address: _____ City: _____ Zip: _____

Email: _____

How you heard about us: _____

Pet Information:

Name: _____ Canine__ Feline__ Other__ Breed: _____

Color: _____ Age: _____ Male__ Female__ Neutered/Spayed? Yes__ No__

Current Vaccinations? Yes__ No__ Previous Records at _____

Can we send your pet's vaccination records to boarding / grooming / veterinary clinics that ask for them? Yes__ No__

Social Media:

May we take your pet's picture and post it in our clinic and on social media? Yes__ No__

Signature: _____ Date: _____

Payment is due when services are rendered. Pets under the care of Plantation Animal Hospital that require emergency medical care will be given such care until the above said owner can be contacted and a mutually agreed on course of treatment determined. All necessary medical treatments and/or procedures to sustain your pet's health will be performed in accordance with the Florida State Veterinary Medical Board at the expense of the above said owner. This office is not staffed 24 hours a day. Plantation Animal Hospital is monitored by a security system and hospital personnel will be notified in the event of an emergency. By signing, you agree to these terms and indicate the information above is correct.