

# FERNANDINA BEACH ANIMAL CLINIC

1868 South 14th Street, Fernandina Beach, FL 32034

## CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, and the accuracy of our medical records, please fill out this form completely. **So that we may accept checks and credit card payments, please allow the receptionist to make a photo copy of your photo ID/License.**

Owner Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Employer \_\_\_\_\_

Spouse Work Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about our clinic?  Phone  Sign  Other

If referred to our practice, by whom? \_\_\_\_\_

## PET INFORMATION

(additional pets may be written on the back)

Pet Name \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Spayed or Neuter \_\_\_\_\_

Is your pet on Heartworm preventative? \_\_\_\_\_ Type \_\_\_\_\_

Is your pet on a medication or prescription diet? \_\_\_\_\_

Previous Veterinarian or Clinic Name: \_\_\_\_\_

## AUTHORIZATION

I authorize the veterinarians at Fernandina Beach Animal Clinic to examine, prescribe for, or treat my pets. I assume responsibility for all charges acquired in the care of all my pets. I also understand that these charges will be paid for at the time of release and that a deposit may be required for certain procedures.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

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Is your pet on Heartworm preventative? \_\_\_\_\_ Type \_\_\_\_\_

Is your pet on any other medication on a regular basis? \_\_\_\_\_

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