



The Animal Clinic

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941-625-0742

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Theanimalclinic.net

Dr. John Rand – Dr. Nick Seibert – Dr. Paul Belliveau

Date: _____

Owner Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Home number: _____ Cell number: _____

E-mail Address: _____

Pet's name: _____

Species: _____ DOB: _____ Breed: _____ Sex: _____

How did you become aware of our clinic? (Check one)

- Yellow Pages
- Friend/Family Member. Who? _____
- Website
- Building Sign
- Other (please explain) _____

Other pets in your home: _____

Previous veterinarian: _____ Phone number: _____

Do you have pet insurance? Yes No Carrier: _____

Do you have Care Credit? Yes No

We will gladly prepare a written Health Care Plan if you desire. This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we accept Visa, MasterCard, Discover and American Express. There will be a \$35.00 service fee for any checks returned unpaid. If you are interested in a Care Credit payment plan please ask a staff member to assist you. To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free of intestinal parasites. Your signature authorizes this level of preventative care and the appropriate charges will be assessed in the invoice.

I hereby certify that I am the legal owner of the animal listed above and assume all responsibility for any charges incurred for <his> care.

Signature: _____ Date: _____

