

# Welcome to Plantation Animal Hospital

Owner Last Name \_\_\_\_\_ Owner First Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary phone number \_\_\_\_\_ Cell \_\_\_\_\_  
Spouse/Partner \_\_\_\_\_ Spouse cell \_\_\_\_\_  
Email \_\_\_\_\_ your email and address is  
solely used by our hospital to contact you (vaccine reminders, timely specials,  
newsletter, etc.), it will not be shared with any third party.

Please circle if applicable: Military Police Fireman Senior Citizen

How did you hear about us? Internet  Drive by  Friend/Family   
Whom may we thank for your referral? \_\_\_\_\_

Pet's Name \_\_\_\_\_ Cat/Dog (circle)  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Male/Female (circle) Neutered Yes/No (circle)  
Is your pet micro-chipped? Yes/No (circle) Chip number \_\_\_\_\_

Previously diagnosed health problems: \_\_\_\_\_  
Any allergies? \_\_\_\_\_  
Is your pet up to date on vaccines? \_\_\_\_\_  
Name of previous veterinary hospital/clinic \_\_\_\_\_  
Phone number \_\_\_\_\_  
Has your pet ever had a known adverse reaction to any vaccine or  
medications? \_\_\_\_\_

## Photo Release

Here at Plantation Animal Hospital, we like to take pictures of our clients/patients to publish on Facebook, brochures & web content.  
 I agree to allow pictures to publish  I do not agree for pictures to be published

All payments are expected to be paid in full at the time services are rendered. We will be happy to provide an estimate for any services we can provide. We do no billing. We accept personal checks (with ID), cash, credit cards & Care Credit. All payments other than cash will be verified at time of payment. Thank you for choosing Plantation Animal Hospital to care for your pet.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_