



# Welcome to Mount Dora Veterinary Hospital

## Client Information

Today's Date: \_\_\_\_\_ Mrs. \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ D.L.# \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Preferred Contact method: \_\_\_\_\_ Spouse \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you first hear of us? \_\_\_\_\_ Primary reason for visit: \_\_\_\_\_

Number of pets (please specify by type): \_\_\_\_\_

## #1 Pet Information

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

Sex:  M  F Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Neutered/Spayed:  Yes  No At what age? \_\_\_\_\_

Any long term problems? \_\_\_\_\_

List your pet's current medications: \_\_\_\_\_

## #2 Pet Information

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

Sex:  M  F Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Neutered/Spayed:  Yes  No At what age? \_\_\_\_\_

Any long term problems? \_\_\_\_\_

List your pet's current medications: \_\_\_\_\_

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED (payment plans are not provided).** I understand that payment is accepted in the form of: Cash, check, Visa, Mastercard, Discover, and CareCredit. I also understand that if I am paying with a check I will need to provide my Driver's License number.

Signature of the client responsible for pet(s) \_\_\_\_\_ Date: \_\_\_\_\_