



*Because Your Pet Matters*

8483 Merchants Way  
Jacksonville, FL 32222  
Call or Text (904) 317-6555

## WELCOME

Thank you for giving us the opportunity to care for your pet(s). We will be happy to answer any questions about your pet's health. To ensure the best care possible, please take the time to fill this form out completely.

Primary Name \_\_\_\_\_ Secondary \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone (Text Messaging) \_\_\_\_\_

Email \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**The following information is required. Check payment may be accepted; no third party checks permitted without proof of account ownership. If approved, a photocopy of your driver's license will be kept on file each time a check is submitted. Other restrictions may apply.**

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Primary Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### How did you hear of us? Who do we thank? (circle one or more)

- Personal Referral \_\_\_\_\_  Epic Theater  The Oakleaf Newspaper  Yellow Pages  Google  YELP!  
 Pet Store/Shelter/Humane Society  Ooh La La Spaw  Drove by/Sign  Internet:(where) \_\_\_\_\_

### **Authorization:**

I am the owner of the described animal(s) listed on this form and have the authority to give consent for any procedures performed at the Animal Hospital at Oakleaf Plantation (AHOP). I hereby authorize the Veterinarian to examine, prescribe for and/or treat the above described pet(s). I also consent to hospital support personnel to assist in the care of my pet as directed by the Veterinarian. I grant permission to AHOP to use photos of my pet for internal and external use. I also grant permission for the Hospital to text message my cell phone as a way to communicate. I assume the responsibility for all charges incurred in the care of the animal(s). I also understand that all professional fees are due and payable when services are rendered. An interest charge of 1.5% per month will be applied to any unpaid balance after thirty (30) days. In the event this account is in default, I agree to pay all costs for collection, including court costs and attorney fees, whether suit is filed or not. In the event that suit is filed, venue will be Duval County, Florida. I have read and understand this authorization and consent.

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

(Please Turn Over Form)

New Client 12.13.2019

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Pet's Name	#1	#2	#3	#4
Species				
Breed				
Color				
DOB/ Age				
Spayed/ Neutered?				
Sex?				
Weight?				
Allergies to Medications or vaccinations?				
Current Medications?				
Special or current diet?				
On Heartworm Prevention?				
Previous Vaccinations? Where? When?				
Previous Serious Illness or Surgeries?				
Dogs Only: Does your dog go to dog parks or live on a farm?				
Cats Only: Feline leukemia / AIDS Test?				
Cats Only: Indoor, Outdoor or Both				