

# New Patient Registration Form



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

## Client Information

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### Name:

\_\_\_\_\_  
First

\_\_\_\_\_  
Last

### Spouse or Significant Other's Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Last

### Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

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

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

\_\_\_\_\_  
Spouse Phone

\_\_\_\_\_  
Email

### How did you hear about us?

- Individual \_\_\_\_\_
- Website
- Yellow Pages
- Other \_\_\_\_\_

## Pet Information

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Pet's Name \_\_\_\_\_

DOB \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Spay/Neuter Y/N

Pet's Date of Birth \_\_\_\_\_

Color \_\_\_\_\_

Pet Information - continued

Pet's Name \_\_\_\_\_

DOB \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Spay/Neuter Y/N

Pet's Date of Birth \_\_\_\_\_

Color \_\_\_\_\_

Previous Veterinary Clinic(s)

Name \_\_\_\_\_

City/State \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

City/State \_\_\_\_\_

Phone Number \_\_\_\_\_

Pet Insurance Carrier

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Professional Fees Are to Be Paid at Time Services Are Rendered**

**HOSPITAL POLICY**

Our hospital policy is to treat your pet as if it were our own by providing your pet with the highest quality veterinary care available. All pets entering the hospital for treatment, grooming or boarding must be current on all recommended vaccinations and be free of parasites. Any parasitic treatment will be done at the owner's expense.

**PAYMENT POLICY**

All fees must be paid in full at the time services are performed or upon discharge from the hospital. We accept cash, checks, debit card, Discover, AMEX, MasterCard, and Visa for your convenience. We also accept Care Credit. In some cases, a deposit will be required prior to the onset of treatment or surgery. A service charge of 18% APR (\$5.00 min.) is applied to any balance over 30 days. Should it become necessary for the Boca Palms Animal Hospital to collect this account through the use of an attorney, you hereby agree to pay all costs of collection, including a reasonable attorney's fee, court costs and all expenses associated therewith.

## PERMISSION TO TREAT

We are happy to provide written estimates prior to the onset of any surgical, treatment or boarding procedures upon the owner's request. We will also try to contact the owner or duly authorized agent for the owner in the event that additional procedures are recommended while the pet is in our care. I understand that in the event of an emergency, the staff veterinarian will use their best judgement in the treatment of your pet including the use of sedatives or anesthetics. I do hereby release Boca Palms Animal Hospital, its agents, employees or representatives from any and all liability while caring for my pet which may include transporting, medical or emergency treatment. Furthermore, I agree to pay fees for services that are rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. I further understand that veterinary service is provided during the nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

## VACCINATION AUTHORIZATION

Vaccination against disease is a medical procedure and, like all medical procedures, carries some inherent risk. As in any medical procedure or decision, the advantages must be balanced against the risks. As is the case with any medical decision, we base the vaccines your pet needs only after considering your pet's age, lifestyle, and potential exposure to infectious diseases. In general, vaccine reactions and side effects (such as local pain and swelling) are self-limiting. Allergic reactions are less common, but if untreated can be fatal. Our office uses the safest vaccines available to reduce any risks to your pet however, you must be made aware of these potential risks.

## PROOF OF OWNERSHIP

I understand that the Boca Palms Animal Hospital reserves the right to look for the presence of a tattoo or microchip in any animal brought into the clinic. Should either form of identification be found, the Boca Palms Animal Hospital reserves the right to require proof of ownership from the current owner or owner's agent, or to seek out the rightful owner of said pet.

My signature below acknowledges the fact that I have read and agree to the above information

### Owner(s) Signature

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Signature

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Print Name

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Date

### Owner(s) Signature

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Signature

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Print Name

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Date