

ACADEMY ANIMAL HOSPITAL
(954) 564-6314

ALTON ROAD ANIMAL HOSPITAL
(305) 674-7387

AVENTURA ANIMAL HOSPITAL
(305) 933-2287



INDIAN TRACE ANIMAL HOSPITAL
(954) 384-7147

SILVER LAKES ANIMAL HOSPITAL
(954) 441-1001

SOUTH DADE ANIMAL HOSPITAL
(305) 661-2573

NEW CLIENT INFORMATION

Please Print

Date: _____ DL _____ S.S. # _____

Owner's Name _____ Spouse/Other _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ Beeper _____

E-mail _____

Employer _____ Employer Address _____

In case of EMERGENCY, call _____ at phone # _____

How did you become aware of our clinic? Hospital Sign Yellow Pages

Other (whom may we thank) _____

Name of Previous/Current Vet: _____

Is your pet currently receiving any medications? Yes No What? _____

Does your pet have any known drug allergies? Yes No What? _____

	Pet #1	Pet #2	Pet #3
Name			
Species/Breed			
Color			
Date of Birth			
Sex: Spayed/Neutered?			

YOUR DOG'S VACCINATION HISTORY:

RABIES			
DHLP / PARVO			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST			

YOUR CAT'S VACCINATION HISTORY:

RABIES			
DIST-RHINO			
CHLAMYDIA			
LEUKEMIA / FIV TEST			
LEUKOCELL			
FECAL (STOOL SAMPLE)			

METHOD OF PAYMENT: CASH CREDIT CARD# _____ Exp. _____

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharge from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature _____ Date _____