

35891 US Hwy 19 N. Palm Harbor, FL 34684 727-781-7704 727-781-7506 FAX www.thevetclinic.com

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by filling out this information sheet.

Today's Date:		_		
Owner's Name				
•	s./Ms.			Last
Home Address:				Apt/Lot #
<i>City</i> Home Phone Number:	( )	State		Zip Code
Cell Phone Number:			Ok to te	
Work Phone Number:	( )			Ext
Place of Employment:		M	ay we call you at wor	k? □Yes □ No
Email address:				
Significant Other: ${Mr./L}$				
<i>Mr. / I</i> Significant Other's Pho	<i>Mrs./Ms.</i> one number:	First	La.	
Significant Other's Plac				
Preferred Phone Num	n <b>ber:</b> □Ho	me 🗆	Cell □Work □Spo	ouse's Number
How did you hear abo	ut The Vet Cl	inic of P	alm Harbor?	
☐ Referred by friend/	family memb	er:		
□ Yellow Book	□ Google		Clinic Website	□Facebook
□ Yahoo	□ Yelp		Hospital Sign	□Care Credit
□ Royal Pets	☐ Canine C	Care □	Emergency Vet	$\square$ AAHA
□Local Groomer	☐ Chamber of Commerce			
☐ Community Event _			□ Other	

In the boxes below; please list anyone other than yourself who may be allowed to have access to your account and/or information regarding your pet. This can be anyone from a spouse/significant other, family member or friend.

Those not listed below will not be able to bring your pet here for treatments/ services, or gather any information regarding your account or your pet. All inquires made by an outside party will only be able to gather information with your <u>WRITTEN</u> consent.

Name:	Relationship:	Phone Number:
Do you authorize vaccine	history to be given out to t	hird party facilities such
as Boarding Facilities, Do	ggie Day Facilities or other	Veterinary Clinics?
☐ Yes		□No
If no, we will require written con	sent from you to provide these 3 <sup>rd</sup> po	arty facilities with vaccine history.
PROFESSIONAL FEES A	RE DUE AT THE TIME SEI	RVICES ARE RENDERED!
We accept	cash and all major credit /	debit cards.
Personal checks are acco	epted from established clients <b>o</b> i	nly (not first-time clients)
May we post your pet's pi	cture on:	
VCPH's Clinic Website:	□ Yes □N	0
VCPH's Facebook Site:	□ Yes □N	0
I affirm that the informati	on given herein is true and	correct to the best of my
knowledge.		
Signature		Date

