



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: _____

Client Name _____
Mr. / Mrs. / Ms. / Dr. *First* *Last*

Home Address: _____
Apt/Lot #

City *State* *Zip Code* *County*

Home Phone Number: () _____

Cell Phone Number: () _____ Ok to text Yes No

Work Phone Number: () _____ Ext _____

Place of Employment: _____ May we call you at work? Yes No

Email address: _____

Significant Other: _____
Mr. / Mrs./Ms./Dr. *First* *Last*

Significant Other's Phone number: () _____

Significant Other's Place of Employment: _____

Preferred Phone Number: Home Cell Work Significant Other

How did you hear about The Vet Clinic of Palm Harbor?

Referred by friend/family member: _____

Yellow Book Google Clinic Website Facebook

Yahoo Yelp Hospital Sign Care Credit

Royal Pets Canine Care Emergency Vet 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 WRITTEN consent.

| Name: | Relationship: | Phone Number: |
|-------|---------------|---------------|
| | | |
| | | |
| | | |
| | | |

Do you authorize vaccine history to be given out to third party facilities such as Boarding Facilities, Doggie Day Facilities or other Veterinary Clinics?

Yes

No

If no, we will require written consent from you to provide these 3rd party facilities with vaccine history.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED!

We accept cash, all major credit/debit cards and CareCredit®.

*Personal checks are accepted from established clients **only** (not first-time clients)*

May we post your pet's picture on:

VCPH's Clinic Website: Yes No

VCPH's Social Media Sites: Yes No

(Facebook, Instagram , Twitter)

I affirm that the information given herein is true and correct to the best of my knowledge.

Client/Responsible Party Signature

Date