



3449 DELTONA BOULEVARD  
SPRING HILL, FLORIDA 34606

***Welcome to the Animal Medical Clinic!***

***Please tell us about you and your family:***

Name \_\_\_\_\_  
LAST FIRST SPOUSE

Address \_\_\_\_\_  
STREET CITY ZIP

Phone: (Home) \_\_\_\_\_ Cell: \_\_\_\_\_ (Work) \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ SS# : \_\_\_\_\_  
(Requested Not Required)

How did you first hear about us? \_\_\_\_\_

***Please tell us about your pet:***

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

What kind of pet? (Circle One) Dog Cat Allergies: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Neutered? Yes No Sex \_\_\_\_\_ Birth Date? (or Estimated Age) \_\_\_\_\_

Prescription Medications: \_\_\_\_\_  
\_\_\_\_\_

***Financial Policy***

**ALL PAYMENTS ARE DUE AT TIME OF SERVICE, WE DO NOT DO PAYMENT PLANS OR TAKE POST DATED CHECKS.**

**Personal Checks:** The Animal Medical Clinic reserves the right to refuse to accept a personal check from any new client.

**Returned Checks:** There will be a fee (currently \$20.00) for any checks returned by the Bank. If payment is not received on a returned check, we have the right to refuse future services and/or request alternative payment method.

I hereby authorize the staff of Animal Medical Clinic to examine and treat the above described animal. I understand that payment for services rendered is required at the time the animal is discharged from the clinic.

How will you be paying today? MC / VISA AMX / DISC CHECK CASH DEBIT

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_