SEBRING ANIMAL HOSPITAL

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Please complete the following information: **Have we seen you as a client before**? Circle: YES   or   NO

Owner's Name: _____ **SS#** _____ **Driver's License#**_____

Spouse/Other Name: _____ **SS#** _____ **Driver's License#**_____

Address: _____ City: _____ State: _____ Zip: _____

Northern Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____@_____

Employer (Name/City) _____Phone:_____

Spouse/Other Employer (Name/City) _____Phone:_____

Emergency Contact: _____ Phone #_____

Planned method of payment: Cash: ❑   **Check**: ❑ **(Must have Driver License & SS#)** Credit/Debit Card: ❑

The undersigned promises and agrees to pay, without demand, all charges incurred by or on behalf of the undersigned, together with late fees, finance charges and costs of collection, including attorney's fees. I have read and agree to the foregoing terms and conditions.

Signature: _____ **Today's Date:** _____

Client Number: _____ Referred by: _____

Pet Information

Pet Name: _____ **Type**: Avian Canine Feline **Breed:** _____ **Sex**: _____
DOB: ___/____/____   or   **Age**: _____ **Coat Color**: _____ **Microchip#**_____
Neutered? YES ❑ or NO ❑   **Neutered Date**: _____
Vaccinations – Enter date when last given: Canine or Feline –Rabies: _____
Canine – DA2P-PC (Distemper, Hepatitis, Parainfluenza, Parvo, Corona): _____
Bordetella – (Kennel Cough):_____
Canine FLU-H3N8 and/or H3N2: _____
Feline – FVRCP-C (Feline Rhinotracheitis, Calicivirus, Panleukopenia, Chlamydia Psittaci) _____
Feline Leukemia: _____ **FIP** – (Feline Infectious Peritonitis): _____
Reason for today's visit: _____
Has your pet received any prior treatment for this problem? _____
Is your pet on any medications (Heartworm preventative, etc.); if so what? _____

Information input into computer....Staff Initial_____