

# WELCOME

Thank you for giving us the opportunity to care for your pet. We will be glad to answer any questions you have about your pet's health. To insure the best care possible, please take a moment to fill in this form completely. Thank you!

## PET OWNER INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

CO-OWNER/SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_ ALTERNATIVE PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_ WOULD YOU LIKE TO RECEIVE REMINDERS? YES / NO

## HOW DID YOU DISCOVER US?

HOSPITAL SIGN INTERNET \_\_\_\_\_ MAGAZINE \_\_\_\_\_ EVENT \_\_\_\_\_

PERSONAL RECOMMENDATION \_\_\_\_\_ WHO MAY WE THANK? \_\_\_\_\_ OTHER \_\_\_\_\_

## PET HEALTH INFORMATION

PET'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TYPE OF ANIMAL: CAT DOG OTHER \_\_\_\_\_ SEX: MALE NEUTERED FEMALE SPAYED

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ MICROCHIP? YES / NO

PERTINENT MEDICAL HISTORY \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

Does your pet have an insurance plan? Y / N Insurance Provider: \_\_\_\_\_

PET'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TYPE OF ANIMAL: CAT DOG OTHER \_\_\_\_\_ SEX: MALE NEUTERED FEMALE SPAYED

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ MICROCHIP? YES / NO

PERTINENT MEDICAL HISTORY \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

Does your pet have an insurance plan? Y / N Insurance Provider: \_\_\_\_\_

## PHOTO RELEASE

I grant ARBOR PET HOSPITAL, its representatives, and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that ARBOR PET HOSPITAL may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. I release ARBOR PET HOSPITAL from any and all claims that might arise from the use of these images and recordings.

Photos and/or Video **MAY** be taken of my pet(s)

Photos and/or Video **MAY NOT** be taken of my pet(s)

## VETERINARY CARE AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet/s. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered and a deposit prior to treatment may be required.

\*SIGNATURE OF OWNER/AGENT \_\_\_\_\_ DATE \_\_\_\_\_

## arbor pet hospital

1220 northeast 26<sup>th</sup> street | fort lauderdale | florida | 33305  
p: 954.565.1896 | f: 954.566.9094

### Financial Policy

Thank you for choosing ARBOR PET HOSPITAL. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. ARBOR PET HOSPITAL requires payment in **full** at the end of your pet's examination and/or at the time of discharge.

#### Payment Options:

- Cash, Visa, MasterCard, American Express, or Discover Card
- Apple Pay
- CareCredit

For some treatments or services, a deposit may be required.

#### Additional Policy Information:

ARBOR PET HOSPITAL charges \$25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier. Please note: pet insurance is a reimbursement plan\*.

\*\*Please note a remaining balance on your account will incur a 4% finance fee at the first of the month.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment.

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Client/Owner Signature

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Date

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Client/Owner Name (please print)

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Pet(s) Name

\*We do offer Trupanion Express