



8321 Dames Point Crossing Jacksonville, FL 32277

**Janet M. Lee, DVM**

*Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following.*

**CLIENT INFORMATION**

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Co-owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Would you like to receive email reminders and our hospital newsletter?  yes  no (If you decline this service, you will be unable to access our online Pet Portal. Ask the receptionist for more details.)

Email Address \_\_\_\_\_

Are you a military member?  yes  no (We offer a 10% discount on selected services.)

Are you a senior citizen (age 62 or older)?  yes  no (We offer a 10% discount on selected services.)

How did you learn of our practice? Sign Location Referral \_\_\_\_\_

Internet Yellow Pages Talking Yellow Pages Other \_\_\_\_\_

**PET INFORMATION**

**Pet #1**

**Pet #2**

**Pet #3**

NAME OF PET			
BREED/COLOR			
D.O.B. or HOW OLD			
Please circle one	Male Female	Male Female	Male Female
Spayed or Neutered	Yes No Unsure	Yes No Unsure	Yes No Unsure
Any current medications?			

Do you have pet insurance? Y N

**Authorization**

*All professional fees are due at time services are rendered.*

We will gladly prepare a written estimate of service fees if you desire (please ask any staff member). In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept most major credit cards. There will be a service charge for any check returned unpaid. For any unpaid balance there will be a 1.5% finance charge, plus any collection or court fees will be the owner's responsibility. To prevent the spread of infectious disease, all hospitalized and/or boarded patients must be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Would you be interested in a payment plan that offers 0% interest for 6 months? (CareCredit) Y N

Signature of client responsible for pet(s) \_\_\_\_\_

**(Please provide your picture I.D. after signing)**

