# WELCOME TO BOCA VILLAGE ANIMAL HOSPITAL

# CLIENT REGISTRATION FORM

**LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPOUSE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_**

**PLEASE LIST ANY AGENTS YOU AUTHORIZE TO BRING IN YOUR PET FOR SERVICES UNDER YOUR FINANCIAL RESPONSIBILITY:**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Case of EMERGENCY, Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **How did you hear about our Hospital? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **If you were referred by a client please provide us their name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Previous Veterinarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PET’S INFORMATION**

1. **PET’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Male\_\_\_\_\_\_ Neutered\_\_\_\_\_ Female\_\_\_\_\_ Spayed\_\_\_\_\_\_ MICROCHIP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **PET’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Male\_\_\_\_\_\_ Neutered\_\_\_\_\_ Female\_\_\_\_\_ Spayed\_\_\_\_\_\_ MICROCHIP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **PET’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male\_\_\_\_\_\_ Neutered\_\_\_\_\_ Female\_\_\_\_\_ Spayed\_\_\_\_\_\_ MICROCHIP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **PET’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male\_\_\_\_\_\_ Neutered\_\_\_\_\_ Female\_\_\_\_\_ Spayed\_\_\_\_\_\_ MICROCHIP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PAGE 1 OF 2

\*\*\*\*PAYMENT FOR SERVICES ARE DUE WHEN SERVICES ARE RENDERED\*\*\*\*

METHODS OF PAYMENT ACCEPTED: CASH, VISA, MASTERCARD, DISCOVER, AMEX, CHECK, AND CARE CREDIT

**SURGERY APPOINTMENT CANCELLATION AND NO SHOW POLICY AGREEMENT: All surgeries will require a NONREFUNDABLE $100 deposit. If you are unable to keep your scheduled surgery appointment please call the office 72 hours prior to your appointment to reschedule.**

 **\_\_\_\_\_\_\_\_\_\_\_\_ (INITIAL)**

**I understand that service fee of $35.00 will be assessed for each returned check. I agree that the outstanding balance with the service fee are due and must be collected immediately. If payment is not collected I understand further collection efforts will occur and additional fees may accrue. \_\_\_\_\_\_\_\_\_\_ (INITIAL)**

WE REQUIRE A COPY OF YOUR DRIVER’S LICENSCE OR A FORM OF IDENTIFICATION TO KEEP ON FILE FOR IDENTIFICATION PURPOSES ONLY.

\_\_\_\_\_\_\_\_\_\_\_\_\_ (INITIAL)

I AGREE TO HAVE MY PET’S PICTURE TAKEN TO KEEP ON FILE FOR IDENTIFICATION PURPOSES ONLY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (INITIAL)

PRINTED NAME*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***We will gladly prepare a written estimate prior to your services, please ask our staff***

 **Let us share your pet’s photo on our Web Site, Instagram and Facebook!!**

**We are very proud of our family and would love to share our pets on our sites. We will never use any of your personal information and will only use your pet’s first name.**

**I give Boca Village Animal Hospital, its representatives the right to take photographs of my pets listed above. I agree that Boca Village Animal Hospital may use photographs of my pets without my name for any lawful purpose, including web content, record keeping and Facebook.**

**I have read and understand the above:**

**AUTHORIZE □ DECLINE** **□**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**** RECEPTIONIST INITIALS\_\_\_\_\_\_

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 **BOCA VILLAGE ANIMAL HOSPITAL**

 **PET REGISTRATION FORM**

|  |
| --- |
| **PET NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CANINE\_\_\_\_\_\_ FELINE\_\_\_\_\_\_\_****BREED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_MALE \_\_\_\_\_NEUTERED****\_\_\_\_\_\_ FEMALE \_\_\_\_\_\_\_SPAYED****MICROCHIP \_\_\_\_\_YES #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ NO** |
| **CURRENT DIET :**  |
| **CURRENT MEDICATIONS AND DOSING:** |
|  **BROUGHT IN PREVIOUS MEDICAL HISTORY YES\_\_\_\_\_ NO\_\_\_\_**  **IS YOUR PET CURRENT ON THE FOLLOWING VACCINES?**  |
| **RABIES**  **Yes No** **DATE GIVEN\_\_\_\_\_\_\_\_\_**  | **BORDETELLA**  **Yes No** **DATE GIVEN\_\_\_\_\_\_\_\_\_\_\_**  | **HEARTWORM PREVENTION**  **Yes No** **Product Name:** **DATE GIVEN\_\_\_\_\_\_\_\_\_\_**  |
| **DIST/PARVO (CANINE)**  **FVRCP (FELINE)**  **Yes No**  **DATE GIVEN\_\_\_\_\_\_\_\_\_\_**  | **FELINE LEUKEMIA** **Yes No**  **DATE GIVEN\_\_\_\_\_\_\_**  | **FLEA/TICK PREVENTION**  **Yes No** **Product name:** **DATE GIVEN\_\_\_\_\_\_\_\_**  |
| **OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Yes No****DATE GIVEN\_\_\_\_\_\_\_\_\_\_**  | **HW TEST Yes No** **DATE DONE\_\_\_\_\_\_\_\_\_\_**  | **FECAL : Yes No** **DATE DONE\_\_\_\_\_\_\_\_\_\_\_**  |
| **ANY KNOWN ALLERGIES? No Yes, if yes, please list:**  |
| **ANY KNOWN HEALTH ISSUES? No Yes, if yes, please list:** |
| **ADDITIONAL INFORMATION:** |

**PETS PRESENT CONCERN(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PRINTED NAME*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 RECEPTIONIST INITIALS\_\_\_\_\_\_\_