

## 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!

### REGISTRATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
CO-OWNER/SPOUSE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
\*WOULD YOU LIKE TO RECEIVE YOUR PETS' VACCINATION REMINDERS BY E-MAIL? YES \_\_\_\_\_ NO \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_

### HOW DID YOU DISCOVER US?

HOSPITAL SIGN \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_ INTERNET \_\_\_\_\_ WEB PAGE \_\_\_\_\_ NEWSLETTER \_\_\_\_\_  
INDIVIDUAL 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 \_\_\_\_\_ WEIGHT \_\_\_\_\_  
LAST VACCINATION DATE \_\_\_\_\_  
PERTINENT MEDICAL HISTORY \_\_\_\_\_  
CURRENT MEDICATIONS \_\_\_\_\_

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2<sup>nd</sup> PET'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
TYPE OF ANIMAL: CAT \_\_\_\_\_ DOG \_\_\_\_\_ OTHER \_\_\_\_\_  
SEX: MALE \_\_\_\_\_ NEUTERED \_\_\_\_\_ FEMALE \_\_\_\_\_ SPAYED \_\_\_\_\_  
BREED \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_  
LAST VACCINATION DATE \_\_\_\_\_  
PERTINENT MEDICAL HISTORY \_\_\_\_\_  
CURRENT MEDICATIONS \_\_\_\_\_

### 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 NE 26<sup>TH</sup> ST | FT LAUDERDALE, FL 33305 | Phone (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:**

You can choose from:

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Options<sup>1</sup> from the CareCredit® Healthcare CreditCard
  - Allow you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used repeatedly - for your entire family - without having to reapply<sup>1</sup>

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500, will require a 50% deposit to begin your pet's treatment.

### **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.

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:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed

<sup>1</sup>Subject to credit approval