PUNTA GORDA ANIMAL HOSPITAL

WELCOME!

Thank you for giving Punta Gorda Animal Hospital the opportunity to provide quality health care and full service boarding for your pet. To insure the best care possible, please fill in this form. Thank you!

Owner _____ Pet _____

Address _____
Street City State Zip

Home phone _____ Cell Phone _____

E-mail address _____ (Note: This will be kept confidential and used to enhance our communication with you regarding your pet.)

Spouse _____ Cell _____

Emergency contact and phone _____

How did you learn of our hospital? _____

Referral (whom can we thank?) _____

or: ___Internet ___Yellow Pages ___Sign ___Emergency Clinic

Methods of payment we accept are cash, check, credit card, debit card, CareCredit (a separate healthcare card available through this office. Please ask receptionist for application if you are interested.) Check writer will need to provide a copy of current driver's license.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand these charges must be paid at the time of release and a deposit may be required.

In case of non-payment , I understand a 1% monthly (12% annual) interest rate will be added to my unpaid balance. I will also incur a $2.00 monthly billing fee.

Signature of Owner _____ Date _____

Please complete pet health history on reverse side. **(over)**