

SOUTH BEACH ANIMAL HOSPITAL NEW CLIENT REGISTRATION FORM

OWNER'S INFORMATION

LAST NAME _____ FIRST NAME _____
ADDITIONAL OWNER(SPOUSE) _____ EMAIL _____
STREET _____ APT.# _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ OTHER _____
HOW WOULD YOU PREFER TO BE CONTACTED: (CIRCLE ONE) BY EMAIL BY PHONE
WOULD YOU BE INTERESTED IN HOME DELIVERY OF FOOD OR MEDICATION? YES NO

PET INFORMATION

NAME _____ DOG CAT NEUTERED?
BREED _____ MALE FEMALE YES
AGE _____ BIRTHDATE _____ COLOR _____

PET HEALTH INFORMATION

PLEASE SUPPLY RECORDS FOR MOST RECENT VACCINATIONS AND ALL TEST RESULTS

- 1) WHAT BRAND & TYPE OF DIET IS YOUR PET EATING? _____
- 2) DO YOU HAVE PET INSURANCE? _____ IF YES, WHAT COMPANY & POLICY #: _____
- 3) DO YOU HAVE CARE CREDIT? _____
- 4) DOES YOUR PET HAVE A MICROCHIP? _____ MICROCHIP # _____
- 5) IS YOUR PET ON HEARTWORM PREVENTION? _____ WHAT BRAND _____
- 6) HAS YOUR CAT BEEN TESTED FOR FELINE LEUKEMIA/FELINE AIDS? _____
- 7) IS YOUR PET ON FLEA CONTROL? _____ BRAND _____
- 8) HOW OFTEN DO YOU BRUSH YOUR PETS TEETH? _____

WHY DID YOU CHOOSE THIS HOSPITAL?

REFERRAL: NAME _____
(SO THAT WE MAY GIVE A GIFT AS WE DO FOR ALL OUR CLIENTS THAT MAKE A REFERRAL)
CIRCLE ONE): GOOGLE CITYSEARCH YELLOW PAGES BY SIGHT OTHER

PAYMENT INFORMATION

WE ACCEPT CASH, AMEX, VISA, MASTERCARD, DISCOVER, & CARE CREDIT

ALL PROCEDURES AND BOARDING ARE PRE-PAID. PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.

INTEREST WILL BE CHARGED PER MONTH, PAYABLE ON OVERDUE ACCOUNTS. IN THE EVENT IT BECOMES NECESSARY

FOR PROVIDER TO RETAIN AN ATTORNEY TO COLLECT THE MONEY DUE BUYER AGREES TO PAY ALL COSTS OF COLLECTION

WHETHER OR NOT IT IS NECESSARY TO COMMENCE LITIGATION, INCLUDING ATTORNEY'S FEES, APPEALS AND COURT COSTS

SIGNATURE _____ DATE _____