



Welcome to our Hospital

We're glad you're here!

Patient Intake Form

Thank you for allowing us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's healthcare. To insure the best care possible please take the time to fill out this form completely.

Client Information

Last Name:		First Name:	
Additional Authorized Guardians:			
Mailing Address:			
City:		State:	Zip:
Cell Phone:		Secondary Phone:	
Email:			
How did you hear about us: <input type="checkbox"/> Family/Friend <input type="checkbox"/> Internet/Facebook <input type="checkbox"/> Walk-In			
Please check all that apply <input type="checkbox"/> Google or other Search Engine <input type="checkbox"/> Drive-By			

Patient Information

Pet's Name:		Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other_____	
Breed:	Color:	Age or Birthdate:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male Neutered	<input type="checkbox"/> Female Spayed
Date of Last Rabies Vaccine:		Given by whom:	1yr or 3 yr (circle)
Previous Animal Hospital:		Phone:	

Reason for Today's Visit

Initial Presenting Problem:	
Any additional issues going on that you would like Doctor to look at:	
Any other pet's in the house that you would like to be seen:	
Please see reverse side of this page for terms and, by signing this form you agree to those terms and conditions	



SIGNATURE _____ DATE _____

Animal Hospital of West Port St. Lucie

Treatment Authorization and Information/Photo Release

I hereby authorize The Animal Hospital of West Port St. Lucie to perform medical and initial Diagnostic/Surgical procedures on my pet, as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors or assistants.

If I have been referred to this hospital by another veterinarian, I understand that they will require a summary of the care and treatment provided by The Animal Hospital of West Port St. Lucie's departments in order to ensure that my pet's care can be continued without interruption. I also understand that The Animal Hospital of West Port St. Lucie considers the identification of a referring veterinarian by me; to be my authorization to release records and information to that veterinarian.

In the event I transfer ownership of pet to another party, I authorize the release of medical information to the new owner should they request it.

FINANCIAL POLICY

Payment is due as services are rendered. For hospitalized cases, a deposit of 75% of the estimated cost is due in advance. The balance is due upon discharge from the hospital. Payment may be in the form of Cash, Personal Check (with proper identification), Visa, Mastercard, Discover, or American Express. For your convenience, we also offer Care Credit and Scratch Pay as a form of payment. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory.

I understand that I, as the owner or agent, am financially responsible to The Animal Hospital of West Port St. Lucie for all charges related to this patient. I declare that I am the sole owner of mentioned pet, and I have read and agree to the treatment authorization. I have also read and accept the financial obligations.

PHOTO RELEASE

As leaders and teachers in the veterinary medical field, the doctors and staff of The Animal Hospital of West Port St. Lucie may use medical case information; for teaching, developing forms, providing continued education, website and veterinary literature development, and social media updates. I authorize the release of case/patient information, including photographs for such purposes. Patient confidentially (client names withheld) will always be maintained.

I, hereby grant permission to use any photographs and radio graphs taken of myself or my pet, in any and all of our publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become our property and will not be returned. I hereby authorize Animal Hospital of West Port St. Lucie, to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing our programs or for any other lawful purpose.

In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I give authorization to use my name and my pet's name.