Pet Doctor of Davie
5183 S. University Drive
Davie, FL 33328

Eileen Osti, DVM
www.petdoctorofdavie.com
954-900-2100

Client & Patient Information Form (11/2012)

Client Information

SSN only required if writing checks

Primary Pet Parent: Mr. Mrs. Ms. Dr. _____ SSN _____ DOB _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell# _____

Employer _____ Address _____

Additional Pet Parent: Mr. Mrs. Ms. Dr. _____ SSN _____ DOB _____

Home # if different _____ Work # _____ Cell# _____

E-Mail Address _____ How did you hear about us? _____

Previous Veterinarian _____ City _____ State _____ (We would like to thank them)

Please let the doctor know if any person living with these pets is immunocompromised. We will help all of your family members.

*Please note any restrictions on medical decisions or account information release for the above mentioned individuals. _____

Patient Information #1

Our pet is a: member of our family _____ child's pet _____ backyard pet _____ other _____

Name _____ Any previous serious illnesses or injuries? _____

Species _____

Breed _____ Any known allergies to vaccinations or medications?

Date of Birth _____

Color _____ Where/When was your pet obtained? _____

Sex: ☐ Male ☐ Female
☐ Neutered ☐ Spayed

Current Diet _____

Last Known Weight _____ Microchipped? _____ Amount _____ # times per day _____

Patient Information #2

Our pet is a: member of our family _____ child's pet _____ backyard pet _____ other _____

Name _____ Any previous serious illnesses or injuries? _____

Species _____

Breed _____ Any known allergies to vaccinations or medications?

Date of Birth _____

Color _____ Where/When was your pet obtained? _____

Sex: ☐ Male ☐ Female
☐ Neutered ☐ Spayed

Current Diet _____

Last Known Weight _____ Microchipped? _____ Amount _____ # times per day _____

Financial Responsibility Agreement

Payment is required at the time services are rendered. I understand that, for any balance not paid in a timely fashion, I will be responsible not only for the balance due but any collection and/or reasonable attorney fees that are incurred in the attempt to collect this debt. Cash, Personal Check, Visa, MasterCard, Discover, American Express, and Citi Health Card are accepted. We require a photo I.D. to cash checks for services and products.

Printed Name _____ **Signature** _____ **Date** _____