



Because Your Pet Matters

8483 Merchants Way
Jacksonville, FL 32222
Call or Text (904) 317-6555

WELCOME

Thank you for giving us the opportunity to care for your pet(s). We will be happy to answer any questions about your pet's health. To ensure the best care possible, please take the time to fill this form out completely.

Primary Name _____ Secondary _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone (Text Messaging) _____

Email _____ Secondary Phone _____

The following information is required. In addition, a photocopy of your driver's license will be kept on file each time a check is submitted as payment for services:

Driver's License # _____ State Issued _____

Primary Employer _____ Employer Phone _____

Emergency Contact:

Name _____ Phone _____

How did you hear of us? Who do we thank? (circle one or more)

- Personal Referral _____ Epic Theater The Oakleaf Newspaper Yellow Pages Google YELP!
 Pet Store/Shelter/Humane Society Ooh La La Spaw Drove by/Sign Internet:(where) _____

Authorization:

I am the owner of the described animal(s) listed on this form and have the authority to give consent for any procedures performed at the Animal Hospital at Oakleaf Plantation (AHOP). I hereby authorize the Veterinarian to examine, prescribe for and/or treat the above described pet(s). I also consent to hospital support personnel to assist in the care of my pet as directed by the Veterinarian. I grant permission to AHOP to use photos of my pet for internal and external use. I also grant permission for the Hospital to text message my cell phone as a way to communicate. I assume the responsibility for all charges incurred in the care of the animal(s). I also understand that all professional fees are due and payable when services are rendered. An interest charge of 1.5% per month will be applied to any unpaid balance after thirty (30) days. In the event this account is in default, I agree to pay all costs for collection, including court costs and attorney fees, whether suit is filed or not. In the event that suit is filed, venue will be Duval County, Florida. I have read and understand this authorization and consent.

Client Signature _____ Date _____

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Pet's Name	#1	#2	#3	#4
Species				
Breed				
Color				
DOB/ Age				
Spayed/ Neutered?				
Sex?				
Weight?				
Allergies to Medications or vaccinations?				
Current Medications?				
Special or current diet?				
On Heartworm Prevention?				
Previous Vaccinations? Where? When?				
Previous Serious Illness or Surgeries?				
Dogs Only: Does your dog go to dog parks or live on a farm?				
Cats Only: Feline leukemia / AIDS Test?				
Cats Only: Indoor, Outdoor or Both				