



New Client Form

DR. R. MENDEZ

7970 Miramar Parkway
 Miramar, FL 33023
 Broward: 954.964.5557
 Dade: 305.620.9805
 Fax: 954.964.5558

Owner's Name _____ Date _____

Co-Owner Name _____

Street Address _____ City _____

State _____ Zip _____ Email _____

If vaccines were done elsewhere, what was the date & where were they done so we can have them fax the records & add reminders for you in our computer.

Date: _____ Where: _____

Phone # to clinic where last vaccines were done: () _____

Thank you for your cooperation.

Is your pet currently covered by pet insurance? Yes No

If yes, what kind? _____

Cell Phone _____ Home Phone _____

Work Phone _____ Ext. _____ Driver's License # _____ State _____

OCCUPATION _____

Emergency Contact _____

How did you hear about our hospital? Hospital Sign Flyer Pet Store: _____

Yellow Pages Individual: someone we may thank? _____ Other _____

DOG	CAT	ETC	PET'S NAME	BREED	COLOR	D.O.B	SEX	ALTERED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No

We will gladly prepare a written estimate before any procedures are performed on your pet if you so desire. Please ask the Receptionist or a Technician. Professional fees are to be paid in full at the time services are rendered. To prevent the spread of infectious diseases and parasites, hospitalized and boarded pets must be current on all vaccines, and free of internal parasites, (Rabies, Distemper, and Parvovirus vaccinations, within 1 year), (Bordetella vaccine, and Fecal test, within the last 6 months). I hereby authorize the Doctor/Staff to provide vaccines and parasite control as needed for my pet(s).

Signature _____ Date _____