



**Owner Information**

Owner's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Secondary Name/Spouse: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Seasonal: Yes  No  Do you want to receive electronic notifications (text, email, etc.) Yes  No

**How did you become aware of our hospital?**

- Yellow Pages
- Commercial advertisement
- Internet/social media
- Flyer/Magazine
- Location
- Referred by (Whom may we thank?): \_\_\_\_\_

**Pet Information**

Pet Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Appr. Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male  Neutered  Female  Spayed

Microchip: No  Yes  ID# (If known): \_\_\_\_\_

Declawed (cats): No  Yes

Lifestyle: \_\_\_\_\_% Indoor \_\_\_\_\_% Outdoor

- Service Animal in accordance with Florida statute 413.08 and American with Disabilities Act
- Visits/participates in dog shows  frequently socializes with other animals
- gets groomed often  visits beach/dog parks  camping and/or hiking
- likes to wander/used for hunting  runs free on fenced or unfenced acreage



**Medical History**

Normal Diet(wet/dry, specific brands): \_\_\_\_\_

How and when did you acquire your pet?  Adoption  Breeder  Pet Store  Found  
 other: \_\_\_\_\_

Is your pet current on vaccinations?  No Last date/year given? \_\_\_\_\_  
 Yes, Date given: \_\_\_\_\_

Previous Veterinarian or hospital (with address and phone number):  
\_\_\_\_\_

Significant medical history: \_\_\_\_\_

List major surgeries: \_\_\_\_\_

Known allergies, drug, or food intolerances: \_\_\_\_\_

Other pets at home:  No  
 Yes Type & Number: \_\_\_\_\_

Are you currently using any Flea/Tick prevention?  No  
 Yes Type: \_\_\_\_\_

Is your pet on Heartworm prevention?  No  
 Yes Type: \_\_\_\_\_  
 Year-round  seasonal

**Social Media Release**

Do we have your permission to take photographs of the pet and/or you to publish as printed and/or digital media?

YES, including name mention  YES, anonymously  NO, I do not give permission.

If permission is granted, **Just 4 Pets Wellness Center** is released and discharged from any and all claims arising from the use of the photographs.

**Payment Policy**

Professional fees are due and payable at the time services are rendered. **We do not bill.** It is our policy to provide you with written estimates for the recommended treatment plan, hospitalization, and all surgery drop offs. For your convenience we accept American Express, Cash, Debit card, Mastercard, and Visa. **We do not accept checks.** Please let our staff know, if you plan to pay your balance using Care Credit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date