



URBAN PET CARE + BOARDING SERVICES

921 N. Mills Ave. Orlando FL 32803

Jim Martin, DVM
 Jeff Speicher, DVM
 Kalah St. Pierre, DVM
 Julia Berger, DVM
407.896.0941
 lochhavenvet.com

Client Information Form

OFFICE USE ONLY
 Client Number

OWNERS PLEASE FILL OUT THIS SECTION AND PRINT LEGIBLY

Owner (must be at least 18 years of age)

Co-owner

Address Apt/Unit

City State Zip

Primary Phone: Home Cell Work Alternate Phone: Cell Work

Photo/Text approval? Yes No Initial _____

Permission to use pets photo for social media? Yes No Initial _____

Email Address

County Place of Employment

Drivers License Number State Exp Date

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

- Driving By Advertisement Internet
- Other _____
- Personal Recommendation by _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of payment.
 (We do not accept American Express.)

Cash VISA Mastercard Discover

Care Credit Holder (If interested in a payment plan, please ask us about Care Credit.)

PLEASE LIST ALL OF YOUR CURRENT PETS

Pet Name	Cat or Dog	Breed and Color	Birth Date	Sex	Spayed (S) Neutered (N)	Any previous illness or surgeries?	Any allergies to vaccines or medications?	Special diet or heartworm and flea prevention?
	<input type="checkbox"/> C <input type="checkbox"/> D			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> C <input type="checkbox"/> D			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> C <input type="checkbox"/> D			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> C <input type="checkbox"/> D			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> C <input type="checkbox"/> D			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

I hereby authorize the veterinarians of Loch Haven Veterinary Hospital to examine, prescribe and/or treat the above described pet(s) and any others I subsequently present for treatment. I assume full responsibility for all charges incurred in the case of any animal I present for treatment. A deposit may be required for treatment/surgery and I understand that these charges will be due at the time of release. Any unpaid balances will be subject to an interest charge of 1.5% monthly. Returned checks will incur a \$30 fee. Delinquent accounts maybe turned over to a third party collection agency, subject to credit agency reporting and necessary legal enforcement. I will be responsible for all collection fees.

Signature of Owner/Agent

Date

Staff Initials