



# COCO PARK

ANIMAL HOSPITAL

## Client Registration Form

### PET OWNER INFORMATION:

Mr.  Mrs.  Ms.  Miss.  Dr.      **Date:** \_\_\_\_\_      **Name of Pet Insurance:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_      **Spouse/Other Agent** (include relationship): \_\_\_\_\_

**Address:** \_\_\_\_\_      **City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ ext. \_\_\_\_\_      **Which is your primary phone number?:** Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_

**\*Email address:** \_\_\_\_\_

**Emergency Contact** (not living with you): \_\_\_\_\_      **Phone:** \_\_\_\_\_

\*Information will not be sold or shared for mass e-mail purposes, for hospital use only.

### PATIENT INFORMATION:

**Pet's Name:** \_\_\_\_\_      **Species** (Dog/Cat/Other): \_\_\_\_\_

**Date of birth/age:** \_\_\_\_\_      **Breed:** \_\_\_\_\_      **Color:** \_\_\_\_\_

**Sex:**  Male intact  Male neutered  Female intact  Female spayed

Is there anything that makes your pet uncomfortable (ie. men, hats, body handling)? \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_      **Species** (Dog/Cat/Other): \_\_\_\_\_

**Date of birth/age:** \_\_\_\_\_      **Breed:** \_\_\_\_\_      **Color:** \_\_\_\_\_

**Sex:**  Male intact  Male neutered  Female intact  Female spayed

Is there anything that makes your pet uncomfortable (ie. men, hats, body handling)? \_\_\_\_\_

### Please indicate when you pet was last vaccinated, OR where we may obtain your pet's health care records.

**Canine:** Rabies \_\_\_\_\_ DHPP \_\_\_\_\_ Bordetella \_\_\_\_\_ Other \_\_\_\_\_

**Feline:** Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ Feline leukemia \_\_\_\_\_ Other \_\_\_\_\_

**Hospital:** \_\_\_\_\_      **Doctor's Name:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

### HOW DID YOU HEAR ABOUT OUR HOSPITAL?

Coco-Park Animal Hospital client or employee (name): \_\_\_\_\_

Internet/Website  Location/Drive By  Coral Springs/Parkland/Margate/Boca Raton City News  Direct Mailer

Woman to Woman  Yellow Pages  Clipper Magazine  Sharp Saver  Val Pak  Facebook  Money Mailer

### PAYMENT POLICY: PLEASE READ

**ALL FEES FOR PROFESSIONAL SERVICES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED.** It is our policy to provide you with a written estimate of fees for any case where hospitalization or emergency care is necessary. **A deposit prior to hospitalization is required. The balance is due at discharge.** I agree, in the event that any amount becomes past due more than 30 days, to pay interest thereof at 18% annum (1.5% per month), plus a monthly billing charge of \$5.00 from the date the charges were incurred. In the event that it becomes necessary to collect fees through the services of an attorney or other collection agency, either prior to or at trial, I agree to pay all reasonable attorney's fees and/or collection agency fees incurred. I am the legal owner, or the representative of the animal being presented for treatment, and I am over 18 years of age.

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

\*My signature authorizes Coco-Park Animal Hospital to conduct video and audio recording for training and quality assurance and to utilize photographic images of myself or my pet taken on hospital premises in advertising and/or marketing affiliated with Coco-Park Animal Hospital.



**For office use only:**  Copy of valid driver's license or, if not available, other photo ID

**Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_      **Staff initials:** \_\_\_\_\_