

# SEBRING ANIMAL HOSPITAL

Dr. Wm. Lawrence ( Larry) Jernigan, Dr. William (Bill) H. Jernigan,  
Dr. Erin Hinds & Dr. Leah Altvater  
3425 U.S. Hwy. 27 South – Sebring, FL. 33870-5444  
Phone: (863) 385-6147 Fax: (863) 385-6149

Please complete the following information: Have we seen any of your pets before? Y: \_\_\_\_\_ N: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_

Spouse/Other Name: \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Employer (Name/City) \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Other Employer:(Name/City) \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Planned method of payment: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit/Debit Card: \_\_\_\_\_

***The undersigned promises and agrees to pay, without demand, all charges incurred by or on behalf of the undersigned, together with late fees, finance charges and costs of collection, including attorney's fees. I have read and agree to the foregoing terms and conditions.***

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Client Number: \_\_\_\_\_ Referred by: \_\_\_\_\_

## ***Pet Information***

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Coat Color: \_\_\_\_\_ Neutered? (Y-N) \_\_\_\_\_ Date: \_\_\_\_\_

Vaccinations – Enter date when last given: Dog or Cat – Rabies: \_\_\_\_\_

Dog – DA2P-PC (Distemper, Hepatitis, Parainfluenza, Parvo Corona): \_\_\_\_\_

Bordetella – (Kennel Cough): \_\_\_\_\_

Cat – FVRCP-C (Feline Rhinotracheitis, Calicivirus, Panleukopenia, Chlamydia Psittaci) \_\_\_\_\_

Feline Leukemia: \_\_\_\_\_ FIP – (Feline Infectious Peritonitis): \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

Has your pet received any prior treatment for this problem? \_\_\_\_\_

Is your pet on any medications ( Heartworm preventative, etc.); if so what? \_\_\_\_\_