

## NEW PATIENT FORM

Ocoee Animal Hospital, 733 S Bluford Ave, Ocoee, FL 34761 | ph: 407-656-6050 | online: ocoeeanimalhospital.net

### CLIENT INFORMATION

Full Name \_\_\_\_\_

Spouse/Partner/Other Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Home/Main Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Spouse/Partner/Other Occupation \_\_\_\_\_

Spouse/Partner/Other Work Phone \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

### PET INFORMATION

Name \_\_\_\_\_

Species \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_

Spayed or Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Birthdate \_\_\_\_\_

Color \_\_\_\_\_

Sex/Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Last Vet/Animal Hospital (& phone if available) \_\_\_\_\_

### HEALTH INFORMATION

*Pets are required to be current on vaccinations for boarding and all drop-off procedures. Exams are required for, and are a separate charge with, annual vaccinations.*

Chronic Health Issues/ On Medications, Etc. \_\_\_\_\_

Does your pet have a history of vaccine reactions? Yes \_\_\_\_\_ No \_\_\_\_\_

*I hereby assume full and complete responsibility for the charges that may occur during the examination and/or treatment. I also understand that Payment is due in full on completion of examination or patient discharge. Furthermore, I understand that if my animal is ill and/or hospitalized, a deposit may be required.*

*We gladly accept Visa, Mastercard, Discover and Cash. WE DO NOT ACCEPT PERSONAL CHECKS FROM NEW CLIENTS.*

\_\_\_\_\_  
Client or Authorized Agent Signature

\_\_\_\_\_  
Date