

**Patient/Client Information**

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Owner's (last 4 digits)SSN: \_\_\_\_\_ Spouse/Other (last 4 digits) SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_ (for appointment reminders)

Driver's License #: \_\_\_\_\_ Seasonal? Yes \_\_\_ No \_\_\_

Employer's Name & Address: \_\_\_\_\_

Spouse's/Other's Employer Name & Address: \_\_\_\_\_

How did you hear about our hospital? \_\_\_\_\_  
 (individual, website, location, etc..)

**Animal Medical History**

| Please complete information for all your pets. Thank you. | Pet #1 | Pet #2 | Pet #3 |
|---|--------|--------|--------|
| Pet's Name  |        |        |        |
| Species (Dog, Cat, Bird, etc)                             |        |        |        |
| Breed   |        |        |        |
| Description (Color & Markings)                            |        |        |        |
| Age or Date of Birth                                      |        |        |        |
| Gender  | M - F  | M - F  | M - F  |
| Neutered or Spayed  | Y - N  | Y - N  | Y - N  |
| Diet (Name of your pet's food)                            |        |        |        |

**Vaccinations: Please note the dates the following vaccines/tests were given**

| Please complete information for all your pets. Thank you. | Pet #1 | Pet #2 | Pet #3 |
|---|--------|--------|--------|
| Last date of Yearly Vaccinations:                         |        |        |        |
| Heartworm Test (Dogs)                                     |        |        |        |
| FELV Test or FIV Test? (Cats)                             |        |        |        |
| Dentistry (Approx. date dental was done)                  |        |        |        |

**Medical History - Prior Illness/Surgery:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**STATE LAW AND INSURANCE REQUIREMENTS MANDATE THAT ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment if they are not current.**

**Hospital Mission**

Planco Veterinary Care is dedicated to providing quality, compassionate and affordable care for your pets. We hope you find our facilities clean and pleasant, and our services of the highest professional quality

**Vaccination Authorization**

Vaccination against disease is a medical procedure and, like all medical procedures, carries some inherent risk. As in any medical procedure or decision, the advantages must be balanced against the risks. As is the case with any medical decision, we base the vaccines your pet needs only after considering your pet's age, lifestyle, and potential exposure to infectious diseases. In general, vaccine reactions and side effects (such as local pain and swelling) are self-limiting. Allergic reactions are less common, and serious if left untreated. Our office uses the safest vaccines available to reduce any risks to your pet however, you must be made aware of these potential risks.

**Payment Policy**

I understand and acknowledge that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling, though no guarantee as to outcome of treatment or services is or can be made. I hereby authorize Planco Veterinary Care to receive, prescribe for, treat and/or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. I understand that full payment is due at the time services are rendered or the pet is discharged from the hospital, whichever applies, and by my signature hereon I (i) personally guarantee such payment and (ii) represent that I am authorized to agree to all terms and conditions in this agreement on behalf of myself and any other person(s) who do or may claim an interest in the pets treated by Planco Veterinary Care. If any action is necessary to enforce the terms and conditions of this agreement, including collection of any fees and costs due Planco Veterinary Care, I agree to pay the attorneys' fees and costs so incurred by Planco Veterinary Care. Mandatory venue for all disputes arising under this agreement shall be in the courts of Palm Beach County, Florida. If litigation is filed (i) to enforce or interpret the terms of this agreement or (ii) that relates in any way to any services performed for, or treatment provided to, my pet(s) by Planco Veterinary Care, *I hereby knowingly and voluntarily waive my right to have any litigation decided by a jury* and understand that all litigation matters will be heard and decided solely by a judge. I understand that a service fee of \$30.00 will be assessed for each insufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours, as deemed necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify Planco Veterinary Care within that time period with respect to alternate arrangements for my pet, I hereby agree in such event that I will be deemed to have relinquished all ownership rights in and to my pet and authorize Planco Veterinary Care to consider my pet abandoned. I hereby authorize Planco Veterinary Care to dispose of any abandoned pet in the manner it determines, in its sole discretion, best and/or necessary.

**Estimates**

It is our policy to prepare a fee estimate for your review - in advance and in writing, of what your hospital fees will be. Please do not hesitate to request an estimate when you would like one. We do not wish to extend anyone beyond their means. Please do not hesitate to communicate your intentions to the doctor. Professional fees are due at time services are rendered or patient is discharged. We accept Cash, Visa, MasterCard, and Discover

My signature below acknowledges the fact that I have read and agree to the above information:

\_\_\_\_\_  
**Signature of Owner or Owner's Agent**

\_\_\_\_\_  
**Date**