



# WINTER ANIMAL HOSPITAL

1140 Florida Georgia Highway  
Havana, FL 32333  
(850) 562-2777

## New patient & Client Registration

Welcome to Winter Animal Hospital. Please share information about you and your pet(s), so that we may provide you with exceptional service. Our mission is to provide our clients with the very best loving and compassionate veterinary health and wellness care. From hello to beyond good-bye, we will be there for you. We offer veterinary care, lodging, and grooming for your best friends.

### Patient Information

Pet's Name: \_\_\_\_\_ Sex:  Male  Female Neutered or Spayed?  Yes  No

Species:  Dog  Cat  Other: \_\_\_\_\_ Pet's Date of Birth (Month/Day/Year) \_\_\_/\_\_\_/\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Reason for bringing your pet in: \_\_\_\_\_

Does your pet have any allergies, special medications, or health problems we should know about?  Yes  No

If yes, what? \_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_ Treats? \_\_\_\_\_

Please check any symptoms or problems that you have noticed from your pet:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Behavior Problems                | <input type="checkbox"/> Shaking Head   | <input type="checkbox"/> Coughing        | <input type="checkbox"/> Sneezing                  |
| <input type="checkbox"/> Bleeding Gums                    | <input type="checkbox"/> Diarrhea       | <input type="checkbox"/> Gagging         | <input type="checkbox"/> Lack of Appetite          |
| <input type="checkbox"/> Vomiting                         | <input type="checkbox"/> Scooting       | <input type="checkbox"/> Weakness        | <input type="checkbox"/> Limping / Loss of Balance |
| <input type="checkbox"/> Scratching                       | <input type="checkbox"/> Weight Problem | <input type="checkbox"/> Seems Depressed | <input type="checkbox"/> Breathing Problems        |
| <input type="checkbox"/> Thirst and/or Urination Increase |   | <input type="checkbox"/> Other: _____    |  |

Where were the most recent vaccinations given? \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_ Spouse Last Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

For check writing privileges, please provide your Driver's License #: \_\_\_\_\_

How did you become aware of our hospital?  Drove By  Brochure  Previous Client

Referred by Friend  Referred by Veterinarian - Whom may we thank? \_\_\_\_\_

**We appreciate Payment when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover, and American Express. I verify that all the information provided is accurate.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Winter Animal Hospital policy states that until services are paid in full we have the right to refrain from releasing your pet back to you according to FL Statute 713.655 which states; In favor of any veterinarian who renders professional services to an animal at the request of the owner of the animal, the owner's agent, or a bailee, lessee, or custodian of the animal, for the unpaid portion of the fees for such professional services, upon the animal to which such services were rendered. Such lien shall remain valid and enforceable for a period of 1 year from the date the professional services were rendered, and such lien is to be enforced in the manner provided for the enforcement of other liens on personal property in this state. We apologize for the inconvenience it may cause but hope you can understand our policy change.

Signature \_\_\_\_\_

Date \_\_\_\_\_