



# Walden Lake Animal Clinic

802 S. Alexander Street • Plant City, Florida 33563-5014 • Phone: (813) 754-1834

## PATIENT AND CLIENT INFORMATION SHEET

*Thank you for giving Walden Lake Animal Clinic the opportunity to care for your pet.  
So that we may become better acquainted, please complete the following:*

### OWNER(S) INFORMATION:

Mr. / Mrs. / Ms. / Dr.

Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

Drivers License #: \_\_\_\_\_ SS #: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Spouse Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

IF NECESSARY, MAY WE CALL YOU AT WORK?:  Yes  No

HOW DID YOU BECOME AWARE OF OUR CLINIC?:  Yellow Pages - Verizon  Clinic Sign  Internet  
 Other: \_\_\_\_\_  Personal Recommendation - Whom may we thank? NAME: \_\_\_\_\_

### SO THAT WE ARE ABLE TO SUIT YOUR INDIVIDUAL NEEDS - WHICH DO YOU FEEL APPLIES TO YOU:

#### Check One...

- 1)  I feel that my pet is another member of our family.
- 2)  I feel that my pet is just a pet.

#### Check One...

- 1)  I want the best medical care available for my animal; please recommend anything that you feel is necessary for good health.
- 2)  I want good medical care for my animal, but there is a limit to what I am able to have done.
- 3)  I want you to perform only the services that I request.

#### Check One...

- 1)  I want to learn as much as I can about animal health care, please explain in detail what has been done or needed for my pet.
- 2)  I would prefer you just summarize what has been done for my pet or what is needed.
- 3)  I want my animal healthy, but don't need to know what was done.

### ALL FEES ARE DUE UPON RELEASE OF PATIENT. PLEASE INDICATE YOUR CHOICE OF PAYMENT:

- Debit Card  Cash  Care Credit  MC/ VISA  Amer. Express  Discover  
 Check - ALL CHECKS ARE SUBJECT TO A CHECK INSURANCE FEE.

**PET INFORMATION:** *(Please fill in the following for each pet.)*

	PET 1	PET 2	PET 3
Name			
Species			
Breed			
Sex (Altered)			
Age			
Color			

**Type of VACCINATIONS:** *Give Date Vaccinated or Tested.*

Rabies			
DHLPPC, Lyme, Bordatella			
Feleuk, FRTPL			
Heartworm Preventative - <i>Type?</i>			
Feleuk / FIV Test			
Fecal Check (Worms)			
Flea Prevention - <i>Type?</i>			

What prior illness or surgery should we know about? \_\_\_\_\_

Is your pet on any special medication or diet? \_\_\_\_\_

List any known drug allergies: \_\_\_\_\_

**PATIENT CONSENT AGREEMENT:** It is this facility's procedure to share Protected Health Information with Labs, X-Rays, Consulting Physicians and Hospitals. We will only exchange minimum necessary Protected Health Information for each transactions.

INITIAL: \_\_\_\_\_

**NOTICE OF LIMITED LIABILITY:** I, the undersigned owner of the admitted patient or authorized agent for the owner, acknowledging that Florida law limits the liability of acts or omissions of employees, agents or servants of Walden Lake Animal Clinic to \$100,000.00 per claim and \$200,000.00 per incident.

INITIAL: \_\_\_\_\_

**OWNER/AGENT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

*Again, thank you for giving us the opportunity to serve you.*