

Fernandina Beach Animal Clinic
1868 S. 14th Street, Fernandina Beach, FL 32034
904-277-4408
Fax 904-277-6890
Email: reception@fernandinavet.com

CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, and the accuracy of our medical records, please fill out this form completely.

So that we may accept checks and credit card payments, please allow the receptionist to make a photo copy of your Driver's License or photo ID

Owner Name _____ Spouse Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____ Employer _____

Spouse Work Phone _____ Spouse Cell Phone _____

Emergency Contact Name _____ Phone _____

How did you learn about our clinic? ___ Phone Book ___ Sign ___ Internet ___ Other

If referred to our practice, by whom? _____

PET INFORMATION

(Additional pets may be added to next page)

Pet Name _____ ___ Dog ___ Cat Other: _____

Breed _____ Color _____

Age/Birthdate _____ Sex _____ Spayed or Neuter _____

Is your pet on Heartworm preventative? _____ Type _____

Is your pet on any other medication on a regular basis? _____

Previous Veterinarian or Clinic Name: _____

AUTHORIZATION

I authorize the veterinarians at the Fernandina Beach Animal Clinic to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges acquired in the care of all my pets. I also understand that these charges will be paid for at the time of release and that a deposit may be required for certain procedures.

Signature of Owner _____

Date _____

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