



# WEST VILLAGES

## — ANIMAL CLINIC —

### Welcome to our family!

Please tell us how you chose our clinic:

- |  |   |
|--|---|
| <input type="checkbox"/> I was referred by _____         | <input type="checkbox"/> I was previously a client of Dr. Daniels |
| <input type="checkbox"/> Website/Facebook/Instagram page | <input type="checkbox"/> Location/Drive-by                        |

### Owner Information

Owner's Name: \_\_\_\_\_ Spouse / Partner Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### Pet #1 Information

Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Species: Dog  Cat  Other   
Breed: \_\_\_\_\_ Gender: Male  Female  Spayed/Neutered: Yes  No   
Colors/Markings: \_\_\_\_\_ Microchip present? Yes  No

### Pet #2 Information

Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Species: Dog  Cat  Other   
Breed: \_\_\_\_\_ Gender: Male  Female  Spayed/Neutered: Yes  No   
Colors/Markings: \_\_\_\_\_ Microchip present? Yes  No

Previous Veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Communication Preferences:

Do you agree to receive text message communications from us? Yes  No   
Do you agree to receive email communications from us? Yes  No   
Do you give permission to use photographs or videos of your pets in social media? Yes  No

**Return policy:**

Over the counter, unopened, non-perishable merchandise may be returned within 14 calendar days with an original receipt. Prescription medication is legally prohibited from being resold in the state of Florida. Therefore, all prescription medication is non-refundable.

**Financial Policy:**

Payment is due at the time services are rendered. An estimate (verbal or written) will be provided prior to service. The bill may be more or less than estimated due to unforeseen factors or changes in the patient's condition. I agree to pay the final bill, in full, at the time services are rendered. West Villages Animal Clinic does not accept checks. We do accept Cash, Visa, Mastercard, Discover, American Express and Care Credit.

I certify that I am the owner and/or agent of the above animal and have the authorization to consent to treatment if and when it is needed.

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