

**Geneva Oaks Animal Hospital**

**4193 NCR 426**

**Geneva, FL 32732**

**407-349-9536**



**Animal Hospital**

Thank you for giving us the opportunity to care for your pets.

Please complete the following:

**CLIENT INFORMATION**

|                 |  |
|-----------------|--|
| First Name      | Last Name                              |
| E-mail          | Home Phone                             |
| Cell Phone      | How Did You Hear About Us?             |
| Mailing Address | Referred by:                           |
| City/State/Zip  | Ask about our Referral Rewards Program |

**PATIENT INFORMATION**

| Patient Name | Dog | Cat | Other | Breed/Color | Age | Sex<br>M/F | Neutered | Spayed | Date of<br>Last<br>Vaccines |
|--------------|-----|-----|-------|-------------|-----|------------|----------|--------|-----------------------------|
|              |     |     |       |             |     |            |          |        |                             |
|              |     |     |       |             |     |            |          |        |                             |
|              |     |     |       |             |     |            |          |        |                             |
|              |     |     |       |             |     |            |          |        |                             |
|              |     |     |       |             |     |            |          |        |                             |

**PLEASE READ**

Upon your request, we will provide you with a written estimate of fees for any treatment, emergency care, surgery or hospitalization that will be provided. A deposit of 50% prior to treatment may be required depending on the amount of the estimate. All fees are due at the completion of your pet's treatment. You, the client, agrees to pay attorney fees and all costs if Geneva Oaks Animal Hospital retains an attorney or collection agency to collect any fees due for treatment or services. We accept cash, Visa, Mastercard and Discover for payment. We DO NOT accept American Express, checks or CareCredit. Please make sure any financial issues are discussed in full PRIOR to your scheduled appointment. Unfortunately, we are no longer able to offer payment plans of any kind.

In signing this form, you authorize Geneva Oaks Animal Hospital to use photos and/or pet's name for social media and/or marketing purposes.

|                  |  |             |
|------------------|--|-------------|
| <b>Signature</b> |  | <b>Date</b> |
|------------------|--|-------------|