

Manatee Veterinary Clinic

Dr. David H. Doyens

WELCOME to our practice! - In order for our records to be as complete as possible, please provide the following information:

CLIENT INFORMATION

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ St: _____ Zip: _____ Preferred Contact Number: Home Cell

E-mail: _____

Employer: _____ Employer Phone: _____

Spouse's Name: _____ Spouse's Phone: _____

May we contact you at work? Yes No Fax Number: _____

How did you hear about our practice? _____ BNI Referral: _____

How would you prefer to be contacted? Email Mail Phone

PET INFORMATION

Pet's Name: _____ Species: Canine Feline Other _____

Breed: _____ Color: _____ Sex: M F Neutered/Spayed: Yes No

DOB: _____ Microchip: Yes No Microchip Number: _____

Clinical procedures or severe injuries in the past:

Is your pet currently on heartworm and/or flea prevention? _____

Your pet's current diet: _____ Any known allergies: _____

Previous Veterinarian Name and Phone Number: _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Hospitalization Policy: All animals must be current on immunizations and be free of internal and external parasites in order to be admitted to the hospital. Any delinquency in such must be addressed prior to admission to the hospital.

I, _____, grant to Manatee Veterinary Clinic the right to take photographs of my pet in connection with their facility. If you would like to update our photo of your pet with a favorite photo from home, visit our website to upload it to your pet portal or email us!

Consent for exam and/or treatment: **MUST BE 18 OR OLDER**

Signature: _____ Date: _____

METHOD OF PAYMENT DESIRED

Cash MasterCard Visa Discover Care Credit