



## Welcome To Our Hospital

*We know that your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form.*

Owner Name		Primary Number	Secondary Number
Co-Owner Name		Primary Number	Secondary Number
Work Number	May we contact you at work?	Email	
Home Address			
City, State		Zip Code:	
May we send you email reminders and non-emergency lab work results such as intestinal parasite checks?		How did you select our hospital?	

### Patient Information

Previous Veterinary Hospital and/or Specialty Center					
Pet Name	Species	Breed/Color	Spayed/Neutered	DOB	Medical Concerns/ Aggressive
Does your pet have health insurance and if so what is the company's name?					

### Photo Release and Financial Policy

<b>Photo Release:</b> I hereby grant Boca Park Animal Hospital the right to photograph my pet and the irrevocable right to use the photographs in all types of advertisement including but not limited to display on social media outlets, display on the world wide web, and display and/or broadcast on all other outlets know or unknown, for any purpose whatsoever.		
Yes	No	Initials:
<b>Financial Policy:</b> By signing below I assume full financial responsibility for any treatment my pet receives. I understand that FULL payment is due at the time services are rendered. I also understand that a deposit of 50% or higher is required for extensive services and hospitalized patients with FULL payment at discharge from the hospital.		
Signature		Date