



Owner Name		Cell Number	Home Number
Co-Owner Name		Cell Number	Home Number
Social Security Number	Driver's License #	Client Date of birth:	
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?	

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 fiscal 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. Any balance that is unpaid will be billed to me at 30 days, if not paid within 14 days the balance will be forwarded to Boca Park Animal Hospital's collection agency, and I will incur a 35% collection fee for which I am liable, in addition to monthly finance charges. If Boca Park Animal Hospital collection agency must pursue court action I will be liable for court costs and attorney fees. Boca Park Animal Hospital does not except payment plans, please ask about other payment options.		
Signature		Date