



434 Animal Hospital  
William P. Ehlers, DVM

212 East State Road 434  
Longwood, FL 32750  
407-331-1161



## New Client Form

Thank you for choosing 434 Animal Hospital for your pet's wellness needs! Please fill out the following form completely in order to expedite your check-in process.

### Client Information

<b>Client Name:</b>	
<b>Client Address:</b>	<hr/> <i>Street address</i> <hr/> <i>City, State, Zip</i>
<b>Phone #:</b>	h) <span style="margin-left: 200px;">c)</span>
<b>e-mail:</b>	
<b>How did you hear about us:</b>	<input type="checkbox"/> Website <input type="checkbox"/> Sign/Drive By <input type="checkbox"/> Event (event name): _____ <input type="checkbox"/> Social Media <input type="checkbox"/> A current client (Name): _____
<b>Name of ADDITIONAL Authorized Individual:</b>	
<b>Authorized Individual Phone #:</b>	
<b>Previous Veterinarian</b>	
<b>Permission to Call for Records:</b>	

## Hospital Policies (June 2020)

Please initial next to each statement to confirm your acknowledgement:

Due to the high occurrence of last minute cancellations, we now require a minimum 24 hour notice when cancelling a surgical appointment. We reserve the right to charge a \$25.00 cancellation fee for any surgical procedures. \_\_\_\_\_

We currently only accept cash, credit cards, and care credit as forms of payments. \_\_\_\_\_

After 2 appointments in which you do not call to cancel or fail to arrive, we will require that the examination fee (\$48.50) must be paid in advance of the appointment. If you arrive for your appointment as schedule this pre-payment will be applied to the charges pertaining to your visit. If you do not come to your appointment you will then forfeit this pre-payment as a cancellation/no show fee. \_\_\_\_\_

Overnight boarding is only offered to current patients/clients. Dogs must be up to date on Rabies, DHPP, Bordetella, H3N2 vaccination as well as a negative intestinal parasite screen (fecal flotation) within the last year. Cats must have a known FELV/FIV status and be up to date on Rabies, FVRCP vaccination as well as a negative intestinal parasite screen (fecal flotation) with in the last year. \_\_\_\_\_

Only the individuals listed on this form are authorized to make medical decisions. \_\_\_\_\_

In order to protect the safety of patients, clients, and staff, we have the right to refuse treatment on patients who show aggressive behavior. \_\_\_\_\_

We regularly care for aggressive patients and in order to protect patients, clients, and staff, all pets must be on a leash or housed in a carrier (even if your pet is well behaved). \_\_\_\_\_

If you are 5 or more minutes late for your scheduled appointment we will call you to learn an ETA, if you are more than 10 minutes late we reserve the right to reschedule or see you and your pet as a fit in (which may include an unspecified wait). \_\_\_\_\_

Due to FDA legislature we can no longer cut pills. \_\_\_\_\_

I authorize use of my pet's photos for social media, marketing, and educational purposes \_\_\_\_\_ (initials).  
(May decline)

I authorize 434 Animal Hospital to send me photos of my pet (data/messaging chargers through your cell phone provider may apply) \_\_\_\_\_ (initials). (May decline)

BY SIGNING BELOW I AUTHORIZE THAT I HAVE READ AND UNDERSTAND ALL THE INFORMATION OUTLINED ABOVE OR HAVE HAD IT EXPLAINED TO MY SATISFACTION AND THAT I AGREE TO ALL TERMS OUTLINED.

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

## Pet Information #1

Pet's Name: \_\_\_\_\_

Canine/Feline:  Canine (Dog)  Feline (Cat) \_\_\_\_\_

Sex:  Male, Intact  Male, Neutered  Female, Intact  Female, Spayed \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_

Last Veterinarian: \_\_\_\_\_

Current Medications/Supplements \_\_\_\_\_

Heartworm Prevention/ Flea Control: \_\_\_\_\_

Any Known Allergies or Reactions to Medications: \_\_\_\_\_

\_\_\_\_\_

## Pet Information #2

Pet's Name: \_\_\_\_\_

Canine/Feline:  Canine (Dog)  Feline (Cat) \_\_\_\_\_

Sex:  Male, Intact  Male, Neutered  Female, Intact  Female, Spayed \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_

Last Veterinarian: \_\_\_\_\_

Current Medications/Supplements \_\_\_\_\_

Heartworm Prevention/ Flea Control: \_\_\_\_\_

Any Known Allergies or Reactions to Medications: \_\_\_\_\_

\_\_\_\_\_

**Pet Information #3**

Pet's Name: \_\_\_\_\_

Canine/Feline:  Canine (Dog)  Feline (Cat) \_\_\_\_\_

Sex:  Male, Intact  Male, Neutered  Female, Intact  Female, Spayed \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_

Last Veterinarian: \_\_\_\_\_

Current Medications/Supplements \_\_\_\_\_

Heartworm Prevention/ Flea Control: \_\_\_\_\_

Any Known Allergies or Reactions to Medications: \_\_\_\_\_

**Pet Information #4**

Pet's Name: \_\_\_\_\_

Canine/Feline:  Canine (Dog)  Feline (Cat) \_\_\_\_\_

Sex:  Male, Intact  Male, Neutered  Female, Intact  Female, Spayed \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_

Last Veterinarian: \_\_\_\_\_

Current Medications/Supplements \_\_\_\_\_

Heartworm Prevention/ Flea Control: \_\_\_\_\_

Any Known Allergies or Reactions to Medications: \_\_\_\_\_