

CLIENT/PET INFORMATION FORM

EAST ORANGE ANIMAL HOSPITAL

11937 E. Colonial Drive • Orlando, FL 32826 • (407) 275-3856

Office Hours:

M-F 8:00 — 5:30

Sat 8:00 — 12:00

WELCOME to EAST ORANGE ANIMAL HOSPITAL

Our motto is

" Treat every client as though they were family and every pet as if they were our own"

Thank you for choosing East Orange Animal Hospital for your pet's veterinary care.

CLIENT INFORMATION:

Name _____

Date _____

Address _____ Apt.# _____

Spouse _____

City _____ Zip _____

Address _____

Home Phone () _____

City _____ Zip _____

Employer _____

Home Phone () _____

Work Phone _____ Ext. _____

Employer _____

Cell Phone () _____

Work Phone _____ Ext. _____

Driver's License # _____

Cell Phone () _____

Birth Date _____

Birth Date _____

Email Address _____

Driver's License # _____

PET INFORMATION: (Please list all pets in the household)

Name	Dog	Cat	Other	Breed	Color	Age DOB	Sex F/M	Spay Neuter	Date of Last Vacc.
1									
2									
3									
4									
5									

Previous Veterinarian's Name _____

Can we request a copy of your records be sent to us ? _____

How did you learn of our clinic ?

☐ Internet ☐ Hospital Sign ☐ Recommendation ☐ Other _____

If by Recommendation, name of person _____

On 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 prior to treatment may be required depending on the amount of the estimate. **All fees are due at the time services are rendered.** There will be a fee for any returned checks. The client Agrees to pay a reasonable attorney fee and all costs if East Orange Animal Hospital retains an attorney to collect any fees due for treatment or services.

I give EOAHA authorization to possibly use my name, picture, pet's name, or pet's picture on their Facebook page and / or website in the future. _____ initials

Owner's Signature _____