ANIMAL MEDICAL CENTER & SPA
DR. CARMEN A. VAZQUEZ-GONZALEZ
New Patient/Client Information

Owner's Name**:** _____ Spouse/other**:** _____
Last First
Address**:** _____ Apt. #_____City**:** _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (___) _____ Cell Phone: (___) _____

Employer: _____ Work: (Only if we can call) (____) _____Ext. _____

How did you hear about us?

Yellow Pages (big book) under: [ ] Veterinarian [ ] Animal Hospitals [ ] Kennels
Yellow Pages (companion book) under: [ ] Veterinarian [ ] Animal Hospitals [ ] Kennels
[ ] Friend [ ] Internet Yellow Pages [ ] Other: _____

Previous Veterinarian**:** _____ Phone # (___) _____ Last exam date: _____

I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and any additional pets I present. Furthermore, I agree to pay any and all fees for services rendered at the time the pet is discharged from the hospital or the service is completed. In the unlikely event that collection efforts become necessary, I agree to pay for all reasonable costs in order to collect my debt. Returned checks will inquire a fee of $30.00 or 20% of the amount (which ever is greater). I understand that after hour veterinary services when my pet is hospitalized are provided as necessary at the Doctor's discretion. Continuous presence of qualified personnel is not provided when not required. If I neglect to pick up my pet(s) within 15 days of any scheduled discharge date and do not contact you within a 30 day period, you may assume that my pet(s) is (are) abandoned and are hereby authorized to dispose of my pet(s) as you deem best and/or necessary.

Professional fees are due at time services are rendered. We will gladly prepare a written estimate if you so desire. Please ask Dr. Vazquez before she performs any procedure other than a physical exam. No interest payment plans available to those who qualify; must apply first. Our physical exams are done at no charge, however a $10 new record fee will be charged on your first visit. There is also a fee for records requested and for prescription scripts.

Signature: _____ Date: _____
Owner or agent over 18 years old with state issued picture I.D.

Please name any other person(s) that can authorize treatment for the pet(s) below: _____

Pet (s) information	Pet #1	Pet #2	Pet #3
Name			
Species (Dog, Cat, Bird, etc.)			
Breed (Predominant breed)			
Description (Color and Markings)			
Date of birth or estimated age			
Sex			
Spayed or neutered? [Altered]			