



22326 Panama City Beach Parkway
Panama City Beach, FL 32413
850-708-1080
Dr.NormsAnimalHospital.com

CLIENT INFORMATION

Name of First Responsible Party (Mr/Mrs/Ms/Dr.): _____

Name of Second Responsible Party/Other: _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Primary Phone _____ Cell _____ Other _____

Please circle your preferred method of contact Email _____ Text _____ Cell _____

Emergency Contact _____ Phone _____

How did you hear about us? Client Referral *Sign* Live in Area Website Facebook Other

Who may we thank for referring you: _____

Pet's Name _____ Age or Date of Birth _____

Species: Dog _____ Cat _____ Other _____ Sex: Male _____ Neutered _____ Female _____ Spayed _____

Breed _____ Color _____

Name of Previous Veterinarian _____ May we contact for medical records? Yes No

Please list ALL current medication(s), supplements and over-the-counter products given to your pet (s)

Heartworm/Flea / Tick Prevention _____ Other Medications _____

Second Pet's Name _____ Age or Date of Birth _____

Species: Dog _____ Cat _____ Other _____ Sex: Male _____ Neutered _____ Female _____ Spayed _____

Breed _____ Color _____

Heartworm/Flea / Tick Prevention _____ Other Medications _____

PRIVACY STATEMENT

Your privacy is of the utmost importance to us. Without your written consent we cannot release any information related to you or your pet(s) to any individuals NOT listed on this form. Will we not discuss, release or fax any information regarding any of your pets to anyone other than those individuals authorized on this form or veterinarian's office.

EMERGENCY AUTHORIZATION

During your family member's stay with us, we will do our utmost to provide an enjoyable and safe vacation experience. If a medical situation arises, we will make every attempt to contact you immediately before treatment is administered. However, should a medical situation arise medical treatment will be provided for your loved one, and you will be responsible for associated cost as time of release.

FINANCIAL AUTHORIZATION

I assume responsibility for all charges incurred in the care of the above animal(s).
I understand that all charges must be paid, in full, at the time of service.
I understand that, in some cases, a deposit may be required prior to treatment.
I agree to the EMERGENCY AUTHORIZATION.

Signature Responsible Party _____ Date _____