

VISCAYA-PRADO VETERINARY HOSPITAL

920 Country Club Blvd / 2015 Del Prado Blvd S.
Cape Coral FL 33990
239-574-6171 / 239-574-2868

Thank you for giving Viscaya-Prado Veterinary Hospital the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

Have you ever had your pet here before? Yes ___ No ___ Year ___
What is your relationship with your pet? Member of our family ___ Child's pet ___ Backyard pet ___ Stray/other ___
How did you become aware of our hospital? Sign ___ Yellow Pages ___ AAHA referral ___ Web ___ Other ___
Individual referral (whom may we thank) _____

CLIENT INFORMATION:

Name _____ Other authorized person _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Work phone _____ Other _____

Place of employment _____ May we call you at work if needed? Yes ___ No ___

E-Mail address _____ (for reminders to be sent to you if you'd like)

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

ALL FEES ARE DUE WHEN SERVICES ARE RENDERED

In the event of default, client is responsible for 1.5% monthly interest, plus any
and all reasonable late fees, collection charges, court costs and attorney fees.

Choice of payment: Cash ___ Mastercard/Visa ___ Care Credit ___ Check ___ (driver's license required)

Driver's License number _____ Social Security Number _____ - ____ - ____
please present your driver's license for a copy to be made

*Signature _____

PATIENT(S) INFORMATION:

	Pet 1	Pet 2	Pet 3
Name			
Species/Breed			
Age /DOB if known			
Color			
Sex (circle one)	male/female neutered/spayed	male/female neutered/spayed	male/female neutered/spayed
Rabies (date given)			
Canine DAPPV (date given)			
Canine heartworm results			
Feline FCP (date given)			
Feline Leukemia test results			
<u>MICROCHIP</u>			

Any previous illnesses or surgeries? _____

Any allergies to vaccines or medications? _____

Is your pet on a special diet or medication? _____