

Welcome To Our Hospital

We know that your pet's health is important, and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form.

Owner Name				Cell Number				Но	Home Number	
Co-Owner Name				Cell Number				Но	Home Number	
Social Security Number Drive		Driver	er's License #		DL State		DL Exp		Client Date of birth:	
Work Number			May we contact	work?	ork? Email					
Home Address										
City, State					Zip C	Zip Code:				
May we send you email reminders and non-emergency lab waresults such as intestinal parasite checks?					How	How did you select our hospital?				
Patient Information										
Previous Veterinary Hospital and/or Specialty Center										
Pet Name	ed/Color	Spayed/Neutered DOB			I DOB	Medical Concerns/ Aggressive				
Does your pet have health insurance and if so what is the company's name?										
Photo Release and Financial Policy										
Photo Release: I hereby grant Boca Park Animal Hospital the right to photograph my pet and the irrevocable right to use the photographs in all types of advertisement including but not limited to display on social media outlets, display on the world wide web, and display and/or broadcast on all other outlets know or unknown, for any purpose whatsoever.										
Yes No Initia								Initial	s:	
Appointment Policy: You are considered late for your appointment if you arrive 10 minutes or more after your scheduled time. Late appointments are considered a walk-in appointment, this incurs a significant increase in cost for the exam fee, and a possible wait may occur, or you may reschedule your appointment for a different date. By signing below, you agree to this policy.										
Financial Policy: By signing below I assume full fiscal responsibility for any treatment my pet receives. I understand that FULL payment is due at the time services are rendered. I also understand that a deposit of 50% or higher is required for extensive services, hospitalized patients, new clients with FULL payment at discharge from the hospital. Any balance that is unpaid will be billed to me at 30 days, if not paid within 14 days the balance will be forwarded to Boca Park Animal Hospital's collection agency, and I will incur a 35% collection fee for which I am liable, in addition to monthly finance charges. If Boca Park Animal Hospital collection agency must pursue court action I will be liable for court costs and attorney fees. Boca Park Animal Hospital does not except payment plans, please ask about other payment options. By signing below, you agree to this policy.										
Signature									Date	