



Animal Hospital and Boarding Kennel

10441 Orange Drive, Davie, FL 33328
Phone: (954) 473-0192 - Fax: (954) 476-0173
www.CamelotAnimalHospital.com

CLIENT/OWNER REGISTRATION

(PLEASE PRINT)

Date: _____
Owner/Co-Owner: _____
Address: _____
City/State/Zip: _____
Email: _____
(We will not share or spam your email.)
Driver's License #: _____

Home Phone: _____
Cell Phone: _____
Work Phone: _____
Best place to call: Home ___ Work ___ Cell ___
Best time: AM ___ PM ___
How do you prefer to get reminders? (Mark all that apply.):
Email ___ Text message ___ Postcard ___ Phone call ___

Number of Pets: Dogs _____ Cats _____ Other (specify): _____

#1 Pet's Name: _____
Species: _____
Breed: _____
Sex: M ___ F ___ Spayed/Neutered: Y ___ N ___
Color: _____
Birthday/Age: _____
Microchip: Y ___ N ___
Allergies: _____
Currently taking medications/supplements? Y ___ N ___
Please list: _____

#2 Pet's Name: _____
Species: _____
Breed: _____
Sex: M ___ F ___ Spayed/Neutered: Y ___ N ___
Color: _____
Birthday/Age: _____
Microchip: Y ___ N ___
Allergies: _____
Currently taking medications/supplements? Y ___ N ___
Please list: _____

Do you have pet insurance for your pet? Y ___ N ___ If yes, list insurance provider: _____
How did you hear about our hospital? (Check all that apply)
Our website ___ Internet search engine ___ Monthly Flyer/Special ___ Drove by/our sign ___
Friend/relative - whom may we thank? _____ Other _____

Authorization for Medical Treatment and Surrogates:

- I hereby authorize the Veterinarian to examine, prescribe for and treat the above-listed pet(s). I assume responsibility for all charges incurred in the care of the above-listed animal(s). I understand that all professional fees are due at the time services are rendered. I understand that 24 hours notice is necessary to cancel or reschedule an appointment. If I fail to provide adequate notice, I will need to provide a \$50 deposit toward my next appointment before it can be scheduled. If I fail to show up for my scheduled appointment and did not 24 hour notice, I will need to provide a \$50 deposit toward my next appointment before it can be scheduled.
- I hereby authorize the following persons to make medical decisions and/or have access to the medical records of the above-listed pet(s). I understand that I am still financially responsible for any and all incurred charges.

Name 1 _____
Name 2 _____

Signature: _____ Date: _____

FINANCIAL POLICY

- Our financial policy is "Payment when services are rendered." We accept cash and personal checks with proper imprinting and identification for the amount of the fee only. Mastercard, Visa, Discover, Debit Cards and Care Credit are also accepted.
- WE DO NOT ACCEPT POST-DATED CHECKS.
- 24 hours notice is required to cancel or reschedule an appointment. If adequate notice is not given, a \$50 deposit must be made before another appointment can be scheduled. This fee will be applied to your visit.
- All no-shows will require a \$50 deposit toward your visit before an appointment can be scheduled.
- A minimum 50% deposit of the estimated total is required at the time of admitting for all major surgeries and/or hospitalizations. A 100% deposit of the estimated total is required for new clients.
- Emergencies require a minimum of \$250.00 deposit at the time of admitting before we can begin any treatment.
- There will be a service charge of \$35.00 or 5% of the face amount of the check, whichever is greater, if a check is returned for any reason. If two checks are returned on an account, checks will no longer be accepted and another method of payment will be required.
- IN THE EVENT THAT THERE IS ANY UNPAID BALANCE, THE BELOW NAMED PERSON SHALL BE RESPONSIBLE FOR ALL CHARGES INCURRED, INCLUDING COURT COSTS, REASONABLE ATTORNEY FEES AND COSTS OF COLLECTION INCURRED BY CAMELOT ANIMAL HOSPITAL IN ADDITION TO FEES CHARGED TO THE CLIENT BY AN OUTSIDE COLLECTION AGENCY.

I understand and agree to abide by the above policies.

Signature: _____ Date: _____

Name (please print): _____

PHOTO AND VIDEO RELEASE

____ I hereby grant Camelot Animal Hospital and Boarding Kennel the right to take photographs and video and/or use existing photographs and video of **my pet(s) and me** ____ or **my pet(s) only** ____ for use in promotional and educational media of Camelot Animal Hospital and Boarding Kennel for any lawful purpose. I authorize Camelot Animal Hospital and Boarding Kennel, its assigns and transferees to copyright, use, reproduce and/or publish the same in print and/or electronically, including such purposes as publicity, advertising and website content, without compensation to me, my pets or my assigns.

I agree that Camelot Animal Hospital and Boarding Kennel may use such photographs and video of my pet(s) and me with my pet(s)' name(s) and with **my full name** ____, with **my first name only** ____, or **without my name** ____.

OR

____ I do not grant Camelot Animal Hospital and Boarding Kennel the right to take photographs and video and/or use existing photographs and video of my pet(s) and me.

I have read and understand the above:

Signature: _____ Date: _____

Name (please print): _____