

BOCA VETERINARY CLINIC



22191 Powerline Rd suite 14A &B
Boca Raton, FL 33433
Office: (561) 392-6540
Fax: (561) 392-6543
www.BocaVeterinaryClinic.com

PERSONAL INFORMATION:

Owner Last Name: _____ Owner First Name _____

Co-Owner Last Name: _____ Co-Owner First Name: _____

Mailing Address: _____

Home Phone#: _____ (Street) Cell Phone: _____ (City) (ST) ZIP) Co-Owner #: _____

DL#: _____ ST: _____ EXP: _____ Co-Owner DL# _____ ST: _____ EXP: _____

Employer: _____ Work Phone: _____

Co-Owner Employer: _____ Co-Owner Work Phone: _____

Email: Address: _____ Co-Owner Email: Address: _____

Alternate Contact for Emergency Name: _____ Phone Number: _____

How did you find us? Online Referred by a friend Print Advertisement Other: _____

PATIENT INFORMATION #1:

Name: _____ Species: Canine /Feline /Other: _____

Breed: _____ Color: _____ Male Female Spayed/Neutered Y / N (circle one)

Date of Birth or Approximate Age: _____ Microchip#: _____

Is your pet current on Vaccinations? Y / N
If Yes Please provide Name / Contact # of previous veterinarian? _____

Please list current illnesses or previously diagnosed conditions _____

Any Special Requirements Needed? : _____

Current Diet?: _____ How much?: _____ How Often?: _____

Current Medication(s)?: _____ Preventions : _____

Does Your Pet have Insurance? Y / N (circle one) If Yes Provider Name _____ Policy # _____

PATIENT INFORMATION #2:

Name: _____ Species: Canine /Feline /Other: _____

Breed: _____ Color: _____ Male Female Spayed/Neutered Y / N (circle one)

Date of Birth or Approximate Age: _____ Microchip#: _____

Is your pet current on Vaccinations? Y / N
If Yes Please provide Name / Contact # of previous veterinarian? _____

Please list current illnesses or previously diagnosed conditions _____

Any Special Requirements Needed? : _____

Current Diet?: _____ How much?: _____ How Often?: _____

Current Medication(s)?: _____ Preventions : _____

Does Your Pet have Insurance? Y / N (circle one) If Yes Provider Name _____ Policy # _____

VIDEO/PHOTO RELEASE: Signature: _____ Date: _____

By signing above, I give Boca Veterinary Clinic permission to use my or my pet's picture and/or video on the website, social media, and in various other advertising methods for promotional purposes.

SIGNATURE:

By signing below I am confirming that all the information provided by me to Boca Veterinary Clinic on this form is true to the Best of my Knowledge.

I understand that Boca Veterinary Clinic may release my contact information and pet's medical records to its affiliates, business partners, contractors, and law enforcement when required to do so.

I am also confirming that I will accept responsibility for any charges, fees or interest incurred on my acct. Payment is required at time of services rendered unless otherwise arranged in writing. A service charge of 1.8% per month or a \$6.00 billing fee will be applied to overdue accounts. A Bank Fee of \$25 or an amount equal to 5% on the face Value of the Check, whichever is greater will be charged on returned checks. If you have an issue with credit card charges, you should contact us first regarding the issue before you contact your bank. In the event your charge back is denied by the bank, you will be responsible for a \$50.00 Fee. A \$25 fee will apply each time a dispute is made.

In addition, I agree to the privacy policy listed on Boca Veterinary Clinic's website.

Signature: _____ Date: _____

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Authorization for Release of Veterinary Medical Records

I _____ the undersigned do hereby grant my permission to release the information contained in medical records from _____ to Boca Veterinary Clinic for the following pet(s). (Previous Veterinary Hospital)

1. _____ 2. _____ 3. _____ 4. _____

Please release a copy of all veterinary records, including (but not limited to):

1. A detailed history for the last 2 years including vaccines, examinations, notes, radiographs/reports and laboratory diagnostics.
2. Vaccination Reminder Reports
3. Previous Medical History

Records may be emailed to records@bocavetclinic.com or faxed to (561)392-6543

I Authorize the Release of all Veterinary Records:

Signature: _____ **Date:** _____