



PETS IN THE CITY — NEW CLIENT FORM

111 2nd Ave NE, Suite 113
 St. Petersburg, FL 33701
 Phone (727) 755-PETS
 Fax (727) 755-7388
 www.petsinthecitystpete.com

Thank you for choosing Pets in the City!

Please complete this information to the best of your knowledge. Please print.

OWNER(S)/PATIENT INFORMATION		
Owner's Name	Co-Owner/Spouse	
Street Address		Unit No.
City	State	ZIP
Primary Phone	Alternate Phone	
Work Phone	Fax Number	
Email Address(es)	Payment Method	
FOR IDENTIFICATION AND PAYMENT PURPOSES, A COPY OF ANY AUTHORIZED INDIVIDUAL'S DRIVERS LICENSE IS REQUIRED.		

PET INFORMATION			
(1) Pet's Name		Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	DOB/Age
Breed	Color	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/>
(2) Pet's Name		Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	DOB/Age
Breed	Color	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/>
(3) Pet's Name		Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	DOB/Age
Breed	Color	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Please give a brief history of your pet(s)			

HOW DID YOU FIRST HEAR OF PETS IN THE CITY?		
<input type="checkbox"/> Individual. Who may we thank?		
<input type="checkbox"/> Our Town Coupon	<input type="checkbox"/> Downtown Newsletter	<input type="checkbox"/> Internet. Which search engine?
<input type="checkbox"/> Northeast Animal Hospital	<input type="checkbox"/> Northeast Journal	<input type="checkbox"/> Other: _____

SIGNATURES	
I hereby state that I am the owner, and/or the authorized agent for the owner, and have permission to make all decisions pertaining to the above pet(s). PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED. We will gladly prepare a written estimate if you desire. Please ask the receptionist, technician, or doctor.	
Signature of Owner and/or Authorized Agent	Date
Co-Owner/Spouse Signature	Date

NO SHOW POLICY

At Pets in the City, your scheduled appointment time is reserved just for you and your pet. We try not to overbook appointment times in order to provide excellent veterinary care and to be sure we have sufficient time to examine your pet and to discuss your pet's condition and treatment options in detail with you.

We will make every effort to accommodate your scheduling needs. In return, we ask that you help us by keeping your scheduled appointments, arriving on time and notifying us a minimum of twenty-four (24) hours in advance if you are unable to do so. When we receive advanced notice of cancellation, we are able to accommodate other patients needing our care. If you miss your appointment the following will apply:

- **First and Second missed appointment:** Our staff will call to ensure you and your pet are all right and to reschedule your appointment.
- **Third missed appointment:** You will receive a letter stating this is your third missed appointment and that you have been charged a missed appointment fee (\$25.00).

Please sign below that you have read and understand this policy.

Signature of Owner and/or
Authorized Agent

Date

PHOTO RELEASE FORM

We would love to use your pet for fun things like Facebook, advertising, etc. and would appreciate you taking just a moment to give us permission to use any photographs you grant us permission to take. Please check one of the options below.

- I hereby give and grant to you, Pets in the City, the right to use my pet's name and/or likeness, and the right to photograph his/her likeness.
In addition, I hereby consent to the use of his/her name and/or said photograph(s), likeness, and any reproduction thereof in or in connection with production, exhibition, distribution, advertising, and exploitation. I understand that I will not receive any monetary payment, now or in the future, for my participation within the use of these photographs.
- I do not wish you to photograph my pet/pets.

Please sign below that you have read and understand this release.

Signature of Owner and/or
Authorized Agent

Date