

Welcome To Our Practice !!!

The Animal Clinic

3300 Tamiami Trail, Suite 103

Port Charlotte, Fl. 33952

Gregory B. Fluharty, D.V.M., P.A.

Cynthia A. Fiore, D.V.M. A.

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

Date: _____

Cl. NO.: _____

Owner: _____

Spouse: _____

Address: _____

Home #: _____

COPY OF DRIVER'S LICENSE YES Taken By: _____

Do you have Pet Insurance YES Name of Carrier: _____

NO Would you be Interested? YES NO

Do you carry CARE CREDIT YES

NO Would you be Interested? YES NO

How did you become aware of our clinic: _____

We will gladly prepare a written Health Care Plan if you desire (please ask our doctor or nurse). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Visa, Mastercard, Discover, American Express or can establish a payment arrangement if approved in advance of the treatment. There will be a \$25.00 service charge for any checks returned unpaid.

ESSENTIAL PET INFORMATION

Breed	Name	Sex	DOB	Color	Known Allergies	Known Medical Problems

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed invoice.

Signature of Responsible Agent for Pet/s: _____