



Apollo Beach Animal Hospital

5998 US HWY 41 S
 Apollo Beach, FL 33572
 Phone: (813) 645 – 9567
 Fax: (813) 645 - 5771
 Apollobeachvet.com

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 |
| Cell Phone | Alternate Phone | |
| Work Phone | Fax Number | |
| Email Address(es) | Payment Method | |
| | | |

| PET INFORMATION | | | |
|-----------------|-------|---|---------|
| (1) Pet's Name | | Dog <input type="checkbox"/> Cat <input type="checkbox"/> | DOB/Age |
| Breed | Color | Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> | |
| (2) Pet's Name | | Dog <input type="checkbox"/> Cat <input type="checkbox"/> | DOB/Age |
| Breed | Color | Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> | |
| (3) Pet's Name | | Dog <input type="checkbox"/> Cat <input type="checkbox"/> | DOB/Age |
| Breed | Color | Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> | |

| HOW DID YOU HEAR ABOUT US? | | |
|--|------------------------------------|--|
| Please check all that apply | | |
| <input type="checkbox"/> Individual(s). Whom may we thank? | | <input type="checkbox"/> Hospital Sign |
| Internet Search... | Social Media... | Advertisement... |
| <input type="checkbox"/> Google | <input type="checkbox"/> Facebook | <input type="checkbox"/> Our Town |
| <input type="checkbox"/> Yahoo | <input type="checkbox"/> Instagram | <input type="checkbox"/> Yellow Pages; Yellow Book |

Other (Please specify):

Continued on Next Page →

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. *WE DO NOT ACCEPT CHECKS*

Signature of Owner

Date

Co-Owner/Spouse Signature

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, Apollo Beach Animal Hospital, 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

Date