



VETERINARY SPECIALTY HOSPITAL
of Palm Beach Gardens

4019 Hood Rd
Palm Beach Gardens
Florida 33410

(561)-625-9995
www.VSHPalmBeach.com

CLIENT INFORMATION

Last Name _____ First Name _____
Spouse Name _____ Spouse Phone (____) _____
Address _____
City _____ State _____ Zip _____
Phone: (H)(____) _____ (W)(____) _____ (C)(____) _____
Email Address _____ Fax #: (____) _____
Reason for visit _____

REFERRING VETERINARIAN

Doctor _____ Hospital _____

GENERAL VETERINARIAN

Doctor _____ Hospital _____

How did you hear about us? Radio Internet Friend Veterinarian Other

Can your pet's image be utilized in marketing materials? Yes No

PET INFORMATION

Name _____ Species: Canine Feline Other
Breed _____ Color _____
Age: Years _____ Months _____ Sex: Male Female
Weight: _____ lbs. Is your pet spayed/neutered? Yes No
Is your pet up to date on vaccines? Yes No
Is your pet currently taking medication: Yes No
Name(s) of Medication: _____
Allergies _____

*Your signature below verifies that you are the owner or the authorized agent for the owner of the pet listed and that you accept responsibility for payment of all medical fees.

Client's Signature _____ Date _____

Client's Printed Name _____ Time _____