Geneva Oaks Animal Hospital

4193 North County Road 426, Geneva, FL 32732

407-349-9536

Thank you for giving us the opportunity to care for your pets. Please complete the following:

CLIENT INFORMATION

First Name	Last Name
E-mail	Home Phone
Cell Phone	How Did You Hear About Us?
Mailing Address	Referred by:
City/State/Zip	Ask about our Referral Rewards Program

PATIENT INFORMATION

Patient Name	Dog	Cat	Other	Breed/Color	Age	Sex M/F	Spayed/ Neutered	Date of Last Vaccines

PLEASE READ

Upon your request, we will provide you with a written estimate of fees for any treatment, emergency care, surgery or hospitalization that will be provided. A deposit of 50% prior to treatment may be required depending on the amount of the estimate. All fees are due at the completion of your pet's treatment. You, the client, agree to pay attorney fees and all costs if Geneva Oaks Animal Hospital retains an attorney or collection agency to collect any fees due for treatment or services. We accept cash, Visa, Mastercard, Discover and American Express for payment. We do not accept checks or CareCredit. Please make sure any financial issues are discussed in full PRIOR to your scheduled appointment. Unfortunately, we are no longer able to offer payment plans of any kind. In signing this form, you authorize Geneva Oaks Animal Hospital to use photos and/or pet's name for social media and/or marketing purposes.

You, the client, have the right to receive a written prescription for the medication that can be filled by the pharmacy of your choice or here at Geneva Oaks Animal Hospital, as provided in s. 474.224, Florida Statues.

_____ _____

Signature Date