Laura Eslinger, DVM, CVA

 PO Box 193

 Parrish, Florida 34219

 941-526-9017 Fax 941-328-3070

 Dr Laura’s Mobile Animal Hospital

CLIENT REGISTRATION Thank you for choosing our animal clinic. We pride ourselves in offering high quality medical care and emphasize preventive medicine at your door. We look forward to serving you and caring for your pet’s needs for many years to come. Please complete this form so we can accurately enter this information into our files. To open an account with us, you must be at least age 18 and prefer to provide us a photo ID, such as driver’s license or state I.D.

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone # (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_

Spouse/Other/Friend Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you preferred to be called:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Number (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(County)

 E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For pet reminders)

Pet Name #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet name #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet Name#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spayed/Neutered Yes/No Yes/No Yes/No

Concerns (May be listed/emailed on a separate paper):

Previous Veterinarian Name/Animal Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Veterinarian Phone Number (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like us to request records on your behalf? Yes/No If No, will you have a copy of previous records to review at your first visit? Yes/No

**Dr. Laura’s Fax Number is (941) 328-3070**

How do you plan to pay for today’s services? Circle one: Check Credit Card

Payment is due in full at the time of service. We do not have payment plans or take held checks. We accept checks, and credit cards; VISA, MasterCard, Discover, and American Express.

How did you hear about our clinic? Business Card: \_\_\_\_\_ Drove By: \_\_\_\_ Clinic Mailing: \_\_\_ Internet\_\_\_

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ Referral: \_\_\_\_\_ Whom may we thank for referring you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We pledge to do our very best to care for your pet’s health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that payment is due when services are rendered**. Please feel free to ask for an Estimate prior to providing services**. If at anytime you are not satisfied with our service, please let us know. We will be happy to answer your questions. Agreement Terms: Balances due over 30 days will be charged a 2%/mo interest charge (24% APR). Checks returned for non-sufficient funds will be charged $25 or 10% returned check fee (whichever is higher) and may be debited from your bank account electronically. Additional collection fees will be charged if your past-due account is sent to Collections or Small Claims Ct.

Client Agreement & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please Email (**drlauramobilevet@yahoo.com**) , Fax (941) 328-3070, or mailing address as above.*