FLORESTA ANIMAL HOSPITAL
4959 LE CHALET BLVD. SUITE B
BOYNTON BEACH, FL 33436
561 734 3600
DR. JEAN BURNS

Client Information Sheet

Last Name _____ First Name _____ Spouse _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Occupation _____

Place of Business _____

Spouse's Work Phone _____ Pager/Cell _____

E-mail Address: _____

How did you find out about our hospital?

Friend _____ Yellow Pages _____ Drove By _____ Other _____

Referred By: _____

Pet's Name _____ **Breed** _____

Color _____ **Date of Birth** _____

Sex: Male Neutered Yes or No *(circle one)* Female Spay Yes or No *(circle one)*

Previous Veterinarian _____

Professional Fees Are To Be Paid At The Time Services Are Rendered

Please Circle your Method of Payment: Cash Check Credit/Debit

Credit Card Number _____ Expiration Date _____

Signature of person presenting this pet for treatment if other than owner

_____ Relation to owner _____

Address of Non-owner _____ Phone _____

I understand that payment is due when services are rendered. A substantial deposit is required on hospitalized patients. Payments may be made by cash, approved credit card holder's signature, or approved ATM w/ Visa or Mastercard logo. In the event of default I will be responsible for any legal fees and/or collection costs.

OWNER'S SIGNATURE _____ **Date** _____