

Southgate Animal Hospital
2821 Bee Ridge Road
Sarasota, FL 34239
Phone (941)922-0774 · Fax (941)722-7859

Client ID: _____

Owner: _____ Spouse/Additional Owner: _____

Address: _____
Street City State Zip Code

Home phone: _____ Cell Phone: _____ Cell Phone: _____

Email: _____

Additional Authorized Contact Name and Number: _____

You authorize us to speak to this person about your pet's care in the event we cannot reach you.

New Patient(s) Information

Pet's Name: _____

Dog Cat Other _____

Breed: _____

Sex: Male Neutered Female Spayed

Color: _____ **Birthday/Age:** _____

Previous Health Issues: _____

Pet's Name: _____

Dog Cat Other _____

Breed: _____

Sex: Male Neutered Female Spayed

Color: _____ **Birthday/Age:** _____

Previous Health Issues: _____

(Add any additional pets to the reverse side of this page)

Name and number of your pets' previous veterinarian: _____

Do you authorize the staff of Southgate Animal Hospital to release your pet's records? Please check all that apply:

Boarding facility Grooming Facility Specialist Other Professional Other None

How did you hear about us?

Family/Friend Google Facebook Yelp Other

If you were referred by a client, please tell us who so we can say thank you. _____

We love social media!

We would like your consent to share your pets' image on our social media and website. Your full name and personal information will never be used.

Yes, please make my pet a star! No thank you, my pet is shy.

If you must cancel an appointment, we ask for 24 hours notice. If cancelling a surgical appointment, we ask for 48 hours notice. A late cancellation or frequent cancellations may result in a fee being applied to your account. Current vaccinations are required by Southgate Animal Hospital before we may admit any animal for any reason. These measures are taken to protect the well-being of all animals within our hospital.

Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in full at the time of service. I recognize that financial concerns should be discussed prior to exam and treatment. For your convenience, we accept Visa, Mastercard, American Express, Discover, Care Credit, cash and checks with proper identification. Please stop at our reception desk to review and pay for services.

I confirm that the above information is correct and that I am the owner or authorized agent of the patient (s) listed above.

Signature _____

Date _____

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