



Promenade Animal Hospital
 9850 Alternate A1A, Suite 507
 Palm Beach Gardens, FL 33410
 561.627.8888

**New Patient
 Registration & Medical
 History Form**

Client Information:

Owner's Name: _____ Spouse/Co-Owner: _____
 Email Address: _____
 Address: _____ APT#: _____ City: _____ State: _____ Zip: _____
 Cell #: _____ Home #: _____ Work Name/#: _____
 Emergency Contact (Someone outside your household: neighbor/friend/relative):
 Name: _____ Phone #: _____
 How did you hear about us? Drove/Walk By Phone Book Internet
 Client: Yelp New Mover Mailer/Postcard
 Employee: Advertisement Adopt a Cat Police Department
 Other: Other Hospital/Doctor: _____

Pet Information:

Pet Name: _____ Gender: Male Female Spayed/Neutered? Yes No
 Species: _____ Breed: _____ Color: _____ Date of Birth: _____
 Vaccinations (Check all that apply):
 Rabies Distemper/FVRCP Parvo Corona
 Bordetella Lyme Lepto Leukemia
 Heartworm Check? Yes No Fecal? Yes No

Please List All Current Medications That Your Pet is Taking:

Known Drug Allergies:

Please List Past Surgeries:

Is Your Pet Currently Being Treated for Anything? Yes No

If yes, please explain:

Previous Veterinarian Name: _____ Phone #: _____

Do you have pet insurance? Yes No If yes, name of insurance carrier: _____

I grant Promenade Animal Hospital permission to use, reuse, publish, and broadcast in any and all social media photographs or video footage recorded at the hospital, of me and/or my pet, in which I may be included with others. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges accrued in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the country where the hospital is located.

Signature: _____

Date: _____