



Animal Hospital 2035 McGregor Blvd. Ft. Myers, FL. 33901 Tel: (239) 689-3525

Owner information

Today's Date: Last Name: First Name: Primary Phone number: Email: Spouse/Alternate Caretaker Name: Phone Number for Spouse/Alternate Caretaker: Address: City: State: Zip: How did you hear about us? Internet Hospital Sign Friend or relative (Name) Other (please write name of friend or relative)

Patient Information (For additional pets - please use back side of this form)

Pet's Name: Breed of pet: Neutered/Spayed: IS your pet microchipped? Approximate Age/Date of Birth: Color: Does your pet have any known allergies or re-occurring health concerns?

May we take a photo of your pet(s) and put it on our social media? Would you like info on Care Credit? May we email you info on Pet Insurance?

Informed Consent

I certify that I am 18 years of age or older and that I am legally financially responsible for the treatment(s) received at Edison Park Animal Hospital. I will assume responsibility for all charges incurred in the care of my pet(s). I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a deposit may be required for certain treatments. Edison Park Animal Hospital accepts, Visa, Master Card, American Express, Cash and Care Credit. We do not have any payment plans. Please note that any clients or agents acting on behalf of the client must be 18 years of age or older. This includes any future visits. Thank you for your understanding.

REQUEST FOR TRANSFER OF MEDICAL RECORDS By law, original medical records must be retained for five years after the last entry. However, a copy or summary of the information contained in these records can be forwarded. The confidentiality of your pet's health information is very important. Your signature below will also authorize us to forward your pet's medical records to veterinary specialists, animal emergency hospitals, boarding or grooming facilities and any other entity concerning the health and well-being of your pet(s).

Signature

Date