



DIXIE ANIMAL HOSPITAL
— OVER 50 YEARS OF CARING —

14701 South Dixie Highway
Miami, Florida 33176
Ph. (305) 238-5161
Fax (305) 238-9297
e-mail: dixieanimal@bellsouth.net
Website: www.dixieanimalhospital.com

WELCOME

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following.

Date: _____

OWNER INFORMATION:

Name: Ms. / Mrs. / Mr. / Dr. _____

Address: _____ City/State/Zip: _____

Driver's License: _____ SS# (Optional): _____

CELL Phone: _____ Home Phone: _____

e-mail: _____

Place of Employment: _____ Work Phone: _____

Spouse/Significant Other: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

How did you become aware of our clinic? Drove By Previous Client Social Media Google Yelp
 Manta Yellow Pages Personal Recommendation: _____

(Whom may we thank?)

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

For your convenience, we accept Visa, MasterCard, Discover, American Express, CareCredit, Cash and Personal Checks. The undersigned agrees, as guarantor, that in consideration of the services to be rendered, he/she hereby individually obligates himself/herself to pay the account. I also understand that all fees are due at the time services are rendered unless an exception is made by the hospital director. Should the account be referred to an attorney for collection, I authorize attorney to obtain my credit report, and the undersigned shall pay reasonable attorney's fees and collection expenses. Any fees not paid in full within 30 days of services rendered accrue interest at 1.5% per month until the balance is paid.

To prevent the spread of infectious disease and parasites, all in-patients, out-patients, boarding pets and grooming pets MUST be current on ALL vaccinations and be free of parasites unless otherwise approved by one of the veterinarians. The undersigned agrees, as guarantor, that the patient below is current on ALL vaccinations or is to be required to have vaccinations administered by a veterinarian to avoid spread of infectious diseases and parasites.

Signature _____ Date: _____

PET INFORMATION

Pet Name: _____ Age or DOB: _____ Dog Cat

Breed: _____ Color(s): _____ Sex: Male Female

Is your pet spayed or neutered? Yes No • Is your pet up to date with their vaccinations? Yes No

Does your pet have a microchip? Yes No • Microchip #: _____

Medical Conditions/Concerns: _____

Michael J. Pegelow, D.V.M. • Lara Sparks, D.V.M. • Jesenia Carnero, D.V.M.

TURN OVER

For Internal Use Only:

Acct. # _____ VxHx: _____ DB: _____ Entered: _____ Typed: _____ WL: _____ Checked: _____ Ref.: _____



Date: _____

Photography Release Form

I authorize Dixie Animal Hospital and the employees of Dixie Animal Hospital to use my pet's name, likeness, and any images taken with digital cameras or cellular devices, without charge, for promotional purposes in social media, advertising, news media, video publications, blog publications, web publications, or any other formats.

Name: _____

Signature: _____

Pet's Name: _____

For Internal Use Only:

Acct. # _____ VxHx: _____ DB: _____ Entered: _____ Typed: _____ WL: _____ Checked: _____ Ref.: _____