

WELCOME SHEET



OUTBACK ANIMAL CLINIC
224 N. COMMONWEALTH AVE.
POLK CITY, FL 33868

THIS INFORMATION **MUST** BE COMPLETED FOR US TO ACCEPT PAYMENT IN THE FORM OF A CHECK OR CREDIT CARD

NO THIRD PARTY CHECKS ACCEPTED

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE #: _____

CELL PHONE: _____ HOME PHONE: _____

WORK PHONE: _____ EMAIL: _____

PLACE OF EMPLOYMENT: _____

SPOUSE: _____

PET NAME(S): _____

CANINE: _____ FELINE: _____

FEMALE: _____ SPAYED: _____ MALE: _____ NEUTERED: _____

BREED(S): _____

COLOR(S): _____

MICROCHIPPED? YES _____ NO _____

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT MY ANIMALS. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY ANIMALS. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AS SERVICES ARE RENDERED AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL/HOSPITALIZED TREATMENT.

SIGNATURE OF OWNER: _____ DATE: _____