

# WELCOME TO DESTIN ANIMAL CLINIC

In order to provide you with exceptional service, please share information about you and your pet(s).  
Our mission is to provide our patients with the highest quality and most compassionate veterinary health and wellness care.

## Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Spouse First Name: \_\_\_\_\_ Spouse Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Spouse Cell: (\_\_\_\_) \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Driver's License # (Only Req. for checks): \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Please circle how did you heard about us?

Friend referral: _____ Please tell us who referred you so we can thank them!	Internet: _____ Please circle <table style="margin-left: 20px; border: none;"> <tr> <td>Google</td> <td>Pinterest</td> </tr> <tr> <td>Facebook</td> <td>Twitter</td> </tr> <tr> <td>Angie's List</td> <td>Yelp</td> </tr> <tr> <td>Other: _____</td> <td></td> </tr> </table>	Google	Pinterest	Facebook	Twitter	Angie's List	Yelp	Other: _____		Telephone Book: _____ Dex Yellow Pages Other: _____
Google	Pinterest									
Facebook	Twitter									
Angie's List	Yelp									
Other: _____										

## Patient Information

	Pet 1	Pet 2	Pet 3	Pet 4
<b>Name</b>				
<b>Species</b>				
<b>Breed</b>				
<b>Sex</b>	Male Female	Male Female	Male Female	Male Female
<b>Spayed/Neutered</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Birthdate/Age</b>				
<b>Color</b>				
<b>Allergies</b>				
<b>Medications</b>				
<b>Medical Problems</b>				

**When and where were the most recent vaccinations given?** \_\_\_\_\_

Please provide the receptionist with previous medical records if present. If you would like an estimate for any medical treatment/procedure, please ask and we will provide an estimate of the projected cost for you. Depending on the extent of treatment needed, the final cost is subject to change. Unfortunately, we cannot always determine exact cost of treatment based on initial examination.

By signing below, I verify that all the information provided is accurate and authorizes preventative care/or medical treatment necessary for your pet.

By signing below, I also grant Destin Animal Clinic permission to post my pet's picture, story and/or medical information on any form of social media.

**Payment in full is due at the time that services are rendered.**

Accounts not paid with in terms are subject to a 10% monthly finance charge.

For your convenience, we accept cash, check, MasterCard, Visa, Discover, American Express, and CareCredit.

**By signing below, I agree, understand and approve of the terms of stated polices.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_