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Fondren Pet Care Center

4145 Burns Road
Palm Beach Gardens, FL 33410

Mary C. Fondren, DVM

Phone: (561) 627-7688
www.FondrenPetCare.com

AAHA ACCREDITED
The Standard of Veterinary Excellence

PATIENT REGISTRATION AND MEDICAL HISTORY

Welcome to the Fondren Pet Care Center, and thank you for giving us the opportunity to care for your pet. We accept the challenge and responsibility of your pet's need and sincerely appreciate your trust and confidence.

FIRST NAME _____ LAST NAME _____

STREET _____ APT. _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ E-MAIL _____ WORK TELEPHONE _____ EMERGENCY TELEPHONE _____

Is there someone else that has responsibility for your pet(s)? (spouse, significant other, etc.)

FIRST NAME _____ LAST NAME _____ TELEPHONE _____

How did you hear about us?

- ☐ Yellow Pages
- ☐ Sign in Window
- ☐ Advertisement
- ☐ FondrenPetCare.com
- ☐ Google.com
- ☐ Yahoo.com
- ☐ Bing.com
- ☐ YellowPages.com
- ☐ Other Internet Site
- ☐ Previous Veterinarian

Who may we thank? NAME _____

- ☐ Another Client
- ☐ Another Veterinarian

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. Billing or extension of credit must be discussed with the hospital administrator prior to services. If it becomes necessary to collect fees for veterinary services rendered, then Fondren Pet Care Center shall be entitled to interest on the outstanding balance at the rate of 18% and all cost of collection, including reasonable attorney's fees.

SIGNATURE OF OWNER OR RESPONSIBLE AGENT _____ DATE _____

PET INFORMATION

PET NAME _____ SPECIES _____ COLOR _____ BREED _____

SEX ☐ MALE ☐ FEMALE SPAYED or NEUTERED ☐ BIRTHDATE _____

CURRENT MEDICATIONS _____ USUAL DIET _____

LAST VACCINATION DATES

RABIES _____ DISTEMPER _____ PARVO (dogs) _____ K-COUGH (dogs) _____ CORONA (dogs) _____ LEUKEMIA (cats) _____

LAST TEST DATES

FECAL _____ HEART-WORM _____ FelV (cats) _____

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