



Kissimmee Animal Hospital, Inc.

403 E. Vine Street

Kissimmee Fl, 34744

(407) 846-3912

Fax (407) 846-2967



Serving Osceola County Since 1974

CLIENT REGISTRATION

Date _____

Email address _____

Owner _____

DL # _____

Spouse _____

DL # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Owner Employer _____ Work Phone _____

Spouse Employer _____ Work Phone _____

How did you learn of our hospital?

- PPC Client
- Poinciana Pioneer
- Website
- Poinciana Ladies Club
- Staff or Client _____
- Yellow Pages
- Solivita Welcome Packet
- Online Yellow Pages
- (Please Specify) _____
- Sign on Street
- Osceola Teacher Flyer
- Poinciana Homeowner Association
- Other _____ (Please Specify)
- Business Card

PET HEALTH HISTORY

PET NO. 1

Name _____

Birth Date _____ Color _____

Species: Cat Dog Other _____

Breed _____ Sex Female Male

Neutered? _____

Date of Last Vaccination _____

Last Rabies Vaccination _____

Where Vacs. Obtained _____

Any Long Term Problems _____

Current Medications, If Any _____

Reason for Today's Visit _____

List names and types of any other pets you own _____

PET NO. 2

Name _____

Birth Date _____ Color _____

Species: Cat Dog Other _____

Breed _____ Sex Female Male

Neutered? _____

Date of Last Vaccination _____

Last Rabies Vaccination _____

Where Vacs. Obtained _____

Any Long Term Problems _____

Current Medications, If Any _____

I am the legal owner of this pet. I hereby authorize emergency treatment of my pet if such a situation should arise. I also, hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of the service and that a deposit may be required for surgical or medical treatment. **I realize that Kissimmee Animal Hospital does not have a payment plan.**

Method of Payment Today: CASH CHECK CREDIT (MasterCard, Visa, Discover) Care Credit

Does your pet(s) have insurance? Yes No Would you like information about pet insurance? Yes No

Signature of Owner _____ Date _____