



Dr. Xavier Garcia

3006 South Dixie Highway, West Palm Beach, FL 33405 Ph: (561)832-7922 Fax: (561) 832-1119

NEW CLIENT FORM

Owners Information:

Name: _____ Today's Date: _____

Spouse/Other: _____

Driver License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Mobile Number: _____

Work Number: _____ Fax Number: _____

Email Address: _____

Pet Information:

Pet Name: _____ Date of Birth: _____

Species: Dog___ Cat___ Male___ Neutered___ Female___ Spayed___

Breed: _____ Color: _____

Microchip Number:

Diet: _____ Feedings: _____

Current Heartworm and Flea Prevention: _____

Previous Medical History:

Current Medications: _____

Medical Information Release Form

I authorize any health care information to be released to only the following Person(s), Boarding/Grooming facilities Veterinarians, Specialists or Emergency Clinics:

Name/Establishment Name:

Phone Number:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all the charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical or medical treatment. I certify that I am the owner of the above named pet, I am 18 years of age or older, and do hereby consent and authorize El Cid Animal Clinic and its staff to care for, hospitalize my pet for procedures, anesthetics or other treatment that the doctor deems necessary for the health and safety of the above named animal while under the care and supervision of the clinic. If my pet should injure itself in an attempt to break free from restraint, refuse food, soil it-self, becomes ill or dies while in the hospital, I will hold El Cid Animal Clinic free of any responsibility or liability in the absence of gross negligence. I further realize that I am responsible for payment of the above procedure and treatment(s) in full at the time my pet is discharged. If I neglect to pick up the pet within ten (10) days of written notice that is ready for release, we may assume the pet was abandoned. El Cid Animal Clinic will then be authorized to dispose of the pet as the clinic deems fit. Abandonment does not release me of my financial obligations to pay any bill.

We would like to post pictures of your pet on EL Cid Animal Clinic's Facebook and share it with you. Please initial for your consent to upload photos: _____

WE DO NOT ACCEPT CHECKS AS A FORM OF PAYMENT!!!!

Owner's Signature: _____ **Date:** _____



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OFFICE POLICIES

For safety reasons, all dogs must be restrained on a leash and all cats must be in carrier when entering our hospital.

Payment Options:

- Payment is due when services are rendered. We accept all major Credit Cards, Cash and Care Credit as a form of payment.
- Credit Cards must match driver's license and person present.
- If you have someone else come in for you and want that person to use your credit card, please fill out the attached page with your credit card information.

Returns/Refunds:

- Refunds can be credited back to either your account or back on to your credit card.
- If a return is necessary and you have paid with a credit card, please bring in the same credit card you used for the purchase.
- All prescription drugs cannot be returned, once they leave our hospital.
- Food products can be returned within 30 days.

Drop-off Requirements:

- All pets must be up-to-date with their vaccines. For dogs, Rabies, Distemper, Parvo, Lepto and Bordetella. For cats, Rabies Feline Viral Rhinotracheitis, Calici Calici Virus, Panleukopenia, Feline Leukemia.
- All boarders will be given a Capstar upon arrival and departure from our hospital. This is to prevent flea infestation for both your home and El Cid Animal Clinic.

Owner's Signature: _____ **Date:** _____