



8321 Dames Point Crossing Blvd Jacksonville, FL 32277  
(904)744-2699

**Janet M. Lee, DVM**

**OWNER INFORMATION**

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Co-owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you 62 or older? Yes / No

**How did you learn of our practice?**

Sign Referral \_\_\_\_\_ Location \_\_\_\_\_ Internet \_\_\_\_\_ Website \_\_\_\_\_ Yelp \_\_\_\_\_ Google+ \_\_\_\_\_ Facebook \_\_\_\_\_  
Other \_\_\_\_\_

**PET INFORMATION**

**Pet #1**

**Pet #2**

**Pet #3**

<b>NAME OF PET</b>			
<b>BREED/COLOR</b>			
<b>D.O.B. or HOW OLD</b>			
<b>Please circle one</b>	Male Female	Male Female	Male Female
<b>Spayed or Neutered</b>	Yes No Unsure	Yes No Unsure	Yes No Unsure
<b>Current medications?</b>			

**Authorization**

*All professional fees are due at the time services are rendered.*

We will gladly prepare a written estimate of service fees if you desire (please ask any staff member). In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept most major credit cards as well as care credit. We do not accept checks. For any unpaid balance there will be a 1.5% finance charge, plus any collection or court fees will be the owner's responsibility. To prevent the spread of infectious disease, all hospitalized and/or boarded patients must be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) \_\_\_\_\_

**(Please provide your picture I.D. after signing)**

