

SPCA Reva McClurg Animal Medical Center - New Client Form



5850 Brannen Road S.
Lakeland, FL 33813
Phone (863) 646-4647
Fax (863) 227-8880
www.spcafloida.org

Thank you for choosing SPCA Reva McClurg Animal Medical Center!

Please complete this information to the best of your knowledge. Please print.

OWNER(S)/PATIENT INFORMATION

Owner's Name _____ Co-Owner/Spouse _____
Street Address _____ Unit No. _____
City _____ State _____ Zip _____ Cell Phone _____
Alternate Phone _____ Work Phone _____
Email Address _____ (Will be used for appointment and vaccine
reminders) Employer _____ Position _____

For identification and payment purposes, a verification of any authorized individual's drivers license is required at each visit. ID Verified by _____ (Staff use only)

Communication preference, please circle one: Text / Call / Email

PET INFORMATION

(1) Pet's Name _____ Dog Cat Other: _____ DOB/Age _____
Breed _____ Color _____ Male Neutered Female Spayed
(2) Pet's Name _____ Dog Cat Other: _____ DOB/Age _____
Breed _____ Color _____ Male Neutered Female Spayed
(3) Pet's Name _____ Dog Cat Other: _____ DOB/Age _____
Breed _____ Color _____ Male Neutered Female Spayed

Please give a brief history of your pet(s)

Signature

I hereby state that I am the owner, and/or the authorized agent for the owner, and have permission to make all decisions pertaining to the above pet(s). Professional fees are due at the time of services rendered. We will gladly prepare a written estimate if you desire. Please ask the receptionist, nurse or doctor.

Signature of Owner _____ Date _____
Co-Owner/Spouse Signature _____ Date _____

Form entered by _____ (Staff use only)

Verified by _____