Cumberland Animal Clinic
5902 Shady Rest Road
Havana, FL 32333
cumberlandpet@gmail.com
(850) 562-0531 office
(850) 562-2817 fax

Owner and Patient Registration Form

OWNER

Owner's Name: Last _____ First _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email _____ Date of Birth _____/_____/_____

Driver's License # _____ Exp._____

Employer _____ Employer phone _____

Referral: ( )Friend ( )Location ( )Yellow pages ( )Internet ( )Rescue Group ( )Shelter ( )Other _____

CO-OWNER/SPOUSE– individual who has permission to make decisions or inquiries of your pet(s)

Co-owner (Last) _____ (First) _____ Contact # _____

Employer _____ Employer phone _____

Method of Payment: ( ) Cash ( ) Credit Card ( ) Debit Card ( ) Care Credit

I understand that as owner I am financially responsible to the hospital for all charges incurred and that payment is required in full at time of services. I agree to pay a 70% deposit at the time of extensive surgeries and hospitalization.

Date _____ Signature _____

PET(S):

Patient's Name(s): _____ Breed(s):_____

Sex: (please circle) Female / Spayed Male / Neutered Date of Birth or Age: _____

Color: _____ Microchip Number _____

Circle if applicable: Allergic reactions to vaccinations/medications Previous surgery/illness Special Diets

Details if needed - _____

Previous Veterinarian: _____

City/St _____ Number _____