



CancerVets

CANCER VETERINARY CENTER OF NAPLES

CancerVets

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Client Registration Form

Clients visiting our hospital for the first time are most welcome. Please complete this form as fully as possible.

Date: ___/___/___

Last Name: _____ First Name: _____ Spouse/Co-Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Please check the primary contact number above

Email Address: _____ Employer and Address: _____

Were you referred to our office by a veterinarian? Yes ___ No ___

If yes:

What is the name and phone number of the referring clinic? _____

What is the name of your referring veterinarian? _____

If you were not referred to us by a veterinarian, how did you hear about us? _____

Reason for today's visit? _____

Pet Information

Name: _____ Species (Cat or Dog): _____ Breed: _____

Color: _____ Date of Birth: ___/___/___ If unknown, approximate age: _____

Sex: _____ Spayed/Neutered: Yes ___ No ___

Is your pet up to date on vaccinations? _____ How long have you owned your pet? _____

Please list any prior illnesses, surgeries, or allergies: _____

Is your pet currently on any medication? Yes ___ No ___

If yes, please list medications and their dosages: _____

PAYMENT POLICY

Full payment is required at the time services are rendered. A 50% deposit is required on all cases and emergency procedures where hospitalization is required. All check payments must be transmitted and approved through the Check Care system for automatic check processing, a photo ID is required. Check Care does not transmit checks from a brokerage firm; an alternative source of payment will be required. Please be advised, any refund issued on a payment made by check will take approximately two (2) weeks from closure of the invoice to be processed.

Please indicate your choice of payment method: ___ Cash ___ Check ___ Credit Card

Drivers License # _____ Exp Date _____

Note: A \$30 fee will be assessed for a returned check.

We will prepare a written estimate for services. We do not carry open accounts and hope the above alternatives are convenient for you.

I agree to pay any costs and charges necessary for the collection of any amount not paid when due. I am aware that CancerVets, in accordance with the American Medical Association's code of professional ethics, will provide only such emergency treatment as they deem necessary and that my pet and all its pertinent records will be sent back to the veterinarian that referred me as soon as practical.

I give my permission to use my pet(s) images for marketing purposes. INITIAL your choice: YES ___ NO ___

X _____ Signature of Owner or Authorized Agent