

DeSoto Animal Clinic

Veterinary Medicine
& Surgery

INITIAL VISIT INFORMATION

OWNERS NAME: _____ SPOUSE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ PREFERRED METHOD OF CONTACT: _____

EMPLOYER: _____ ADDRESS: _____

SPOUSE'S EMPLOYER: _____ ADDRESS: _____

WHO OR WHAT RECOMMENDED YOU TO US? _____

Florida statute allows us to discuss and share your pet's patient records with other veterinarians with whom we are conferring about your pet's care. For example, we may want advice from a specialist. Other situations do require written consent for the transfer of patient records.

Please choose one of the following options:

() I do authorize the release of my pet's medical records without restriction to any veterinary practice, boarding kennel, or any other animal care facility making the request.

() I do not authorize the release of my pet's patient records without specification of the recipient. I understand that this will require an additional form to be signed at the time of transfer.

Name of Pet(s): _____

We will gladly prepare a written estimate of service fees if needed (ask a staff member). Payment is due in full when services are rendered. We accept all major credit cards, cash, and checks (there is \$25 service charge for any returned checks). Any payment agreements are in the form of CareCredit. Please provide your driver's license for confirmation of ownership of your pets and payment identification.

SIGNATURE OF OWNER: _____ **DATE:** _____

JAMES A. KANZLER, D.V.M., DENISE VONDRASEK, D.V.M., ALEX KANZLER, D.V.M.,
VIKKI PARKER, D.V.M., ALI THOMPSON, D.V.M., WARREN HARPER, D.V.M.

2910 Manatee Avenue West, Bradenton, FL 34205 (941) 748-2637 fax (941) 748-7032, www.desotoanimalclinic.com

ANIMAL INFORMATION

SPECIES	NAME	BREED	COLOR	SEX	AGE	ALTERED
_____	_____	_____	_____	_____	_____	Y / N

DATE OF LAST EXAM: _____
RABIES: _____ DA2PP / FVRCP: _____
INTESTINAL PARASITE SCREEN: _____ HEARTWORM CHECK: _____
DOES YOUR PET HAVE A MICROCHIP IMPLANT? _____ IF SO, #: _____
PET'S USUAL DIET (INCLUDE BRAND NAME) _____
ANY CHILDREN IN HOUSEHOLD? _____
DOES YOUR PET GO OUTSIDE? _____ IF YES, HOW LONG AND HOW OFTEN? _____
IS YOUR PET ON ANY MEDICATIONS? _____
DOES YOUR PET HAVE ANY KNOWN ALLERGIES? _____

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