



**Kissimmee Animal Hospital, Inc.**  
**403 E. Vine Street**  
**Kissimmee Fl, 34744**  
**(407) 846-3912**  
**Fax (407) 846-2967**



*Serving Osceola County Since 1974*

**CLIENT REGISTRATION**

Date \_\_\_\_\_ Email address \_\_\_\_\_

Owner \_\_\_\_\_ DL # \_\_\_\_\_

Spouse \_\_\_\_\_ DL # \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Owner Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

- PPC Client
- Poinciana Pioneer
- Website
- Poinciana Ladies Club
- Staff or Client \_\_\_\_\_
- Yellow Pages
- Sign on Street
- Solivita Welcome Packet
- Osceola Teacher Flyer
- Online Yellow Pages
- Poinciana Homeowner Association
- Other \_\_\_\_\_ (Please Specify)
- Business Card
- Other \_\_\_\_\_ (Please Specify)

**PET HEALTH HISTORY**

**PET NO. 1**

**PET NO. 2**

Name \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Color \_\_\_\_\_

Birth Date \_\_\_\_\_ Color \_\_\_\_\_

Species:  Cat  Dog  Other \_\_\_\_\_

Species:  Cat  Dog  Other \_\_\_\_\_

Breed \_\_\_\_\_ Sex  Female  Male

Breed \_\_\_\_\_ Sex  Female  Male

Neutered? \_\_\_\_\_

Neutered? \_\_\_\_\_

Date of Last Vaccination \_\_\_\_\_

Date of Last Vaccination \_\_\_\_\_

Last Rabies Vaccination \_\_\_\_\_

Last Rabies Vaccination \_\_\_\_\_

Where Vacs. Obtained \_\_\_\_\_

Where Vacs. Obtained \_\_\_\_\_

Any Long Term Problems \_\_\_\_\_

Any Long Term Problems \_\_\_\_\_

Current Medications, If Any \_\_\_\_\_

Current Medications, If Any \_\_\_\_\_

Reason for Today's Visit \_\_\_\_\_

List names and types of any other pets you own \_\_\_\_\_

I am the legal owner of this pet. I hereby authorize emergency treatment of my pet if such a situation should arise. I also, hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of the service and that a deposit may be required for surgical or medical treatment. **I realize that Kissimmee Animal Hospital does not have a payment plan.**

Method of Payment Today:  CASH  CHECK  CREDIT (MasterCard, Visa, Discover)  Care Credit

Does your pet(s) have insurance?  Yes  No Would you like information about pet insurance?  Yes  No

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_