

ANIMAL HOSPITAL OF HALLANDALE

904 West Hallandale Beach Blvd, Hallandale Beach, FL 33009

Ph: 954-458-3040 www.animalhospitalofhallandale.com

Dr. Javier Cepeda Rendon D.V.M. / Dr. Joe Barbosa D.V.M.

PATIENT INFORMATION / INFORMACION DEL PACIENTE

Date/ Fecha: _____ E-mail/ correo electronico: _____

Owner's Information / Datos del dueño

Last name/ Apellidos: _____ Name / Nombre: _____

Address/ Direccion: _____

City/ Ciudad: _____ State/ Estado _____ Zip code/ codigo postal _____

Cell Phone/ Numero cell # _____ Home Phone/ Telefono Casa # _____

In case of an Emergency, En caso de emergencia nos comunicamos con: (Name & Phone number - Nombre & numero telefonico)

Who may we thank for the Referral? Fue referido por alguna persona, quien?? _____

Your Pet's information / Informacion de su mascota

	Mascota / Pet #1		Mascota/Pet #2		Mascota/Pet #3	
Name/ Nombre						
Breed / Raza						
Color						
Age (DOB) / Edad (DOB)						
Gender / Genero	Male / Macho	Female / Hembra	Male / Macho	Female / Hembra	Male / Macho	Female / Hembra
Spayed or Neutered / Castrado (a)						
Is your pet up to date on vaccines? Tiene su mascota las vacunas al dia?	Y	N	Y	N	Y	N
Copy of Vaccines? (If no, who can we contact to collect vaccine history?) Tiene copia de las vacunas? (Si no las tiene con quien podemos contactarnos?)						

Method of payment: (circle one) / Forma de pago: (Por favor seleccione una) Cash > Debit > Credit > Care Credit >> NO CHECKS accepted

____ I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that Veterinary service is provided during nighttime hours as necessary in the judgment of the Veterinarian in charge.

Continuous presence of qualified personnel may not be provided.

____ Entiendo que el personal de la clinica prestara un servicio profesional a mi mascota en un esfuerzo por conseguir su bienestar. Autorizo a Animal Hospital of Hallandale a realizar el tratamiento medico, prescribir medicina a la mascota arriba mencionada. Autorizo pagar los costos de este servicio una vez mi mascota tenga salida del Hospital o el servicio se haya culminado. Acuerdo pagar cualquier costo de coleccion, abogado o corte en el caso que sea necesario utilizar estos medios para pagar el hospital. Estos costos se realizaran de acuerdo a las reglas del condado donde se encuentra la clinica. Entiendo que el servicio durante horas nocturna se proveera a discrecion del Veterinario en turno. Es posible que no haya personal todo el tiempo en horas nocturnas.

____ I hereby give my permission for any and all usage of me and my pet(s), picture(s) or video(s), designated to appear in Animal Hospital of Hallandale, JC Veterinary Services or any of its affiliated companies' video, trade show, booth, brochures, display ads, signage, newsletters, private invitations, and other digital media (including Facebook, Twitter, Instagram). This permission extends to all future usage of ad printings. I also understand that there will be NO compensation from Animal Hospital of Hallandale, JC Veterinary Services or its affiliated companies for the use of the photograph(s) or video(s) now and in the future. I will make no monetary or other claim against Animal Hospital of Hallandale, JC Veterinary Services, its affiliated companies or any of its entities for the use of the interview and/or the photograph(s)/video.

____ Doy mi autorizacion para la toma y el uso de fotografias o videos de mi mascota o mios para que puedan aparecer en cualquier video, show, aviso publicitario, cartas, periodicos, invitaciones privada o cualquier medio digital (Facebook, Twitter, Instagram) a Animal Hospital of Hallandale o sus afiliados. Este permiso se extiende para cualquier uso en el futuro de imagenes. Entiendo que NO recibire ninguna compensacion monetaria por parte de Animal Hospital of Hallandale o sus afiliados por el uso de fotografias o videos de mi mascota o mios y no hare ningun reclamos en contra de la clinica por su uso.

By signing below, I authorize the staff at Animal Hospital of Hallandale to Request and forward my pets' records and information as needed for medical or prescription purposes.

Con su firma, usted autoriza al personal de Animal Hospital of Hallandale para solicitar o remitir la historia clinica de su mascota asi como cualquier informacion medica necesaria

Signature/ Firma _____ Date / Fecha _____