



# Martin Animal Clinic

## Scott G Martin, DVM, MS

1516 SW Mapp Rd,  
Palm City, FL 34990  
Office: (772) 266-8321  
Fax: (772) 266-8382

### Client/ Patient Information Form

#### Owner Information (Please Print)

First Name:

Last Name:

Email Address:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Place of Employment:

How Long:

Drivers License #:

State Issued:

Receptionist made Copy of Drivers License and attached to record \_\_\_ Yes \_\_\_ No

#### Pet Information

Animal Name:

Species:

Breed:

Sex:

Neutered:

Spayed:

Color:

Birthdate:

Allergies:

If you were referred by a veterinarian or client please fill out the referral information below:

Clinic Name:

Phone:

City:

State:

Zip:

You will be advised of an estimated cost and anticipated procedures. Please feel free to discuss the proposed treatment and its cost with the veterinarian. A minimum deposit of 50% is required for all patients that are being hospitalized.

#### STATEMENT OF OWNERSHIP AND CONSENT:

I am the owner of the above described animal, or have authorization from its owner to consent to its treatment. I hereby authorize the diagnostic, therapeutic, anesthetic, and surgical procedures necessary. I accept financial responsibility for these services.

I have read the above consent and understand why anticipated procedures may be necessary. I have also been told of the possible complications and alternatives to listed procedures.

Payment Choice:      Cash: \_\_\_\_\_      Check: \_\_\_\_\_      Debit: \_\_\_\_\_      Credit: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Person Signing Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date