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PATIENT REGISTRATION

Please complete all portions of this form.
Please print.

Date: _____

Owner's Last Name: _____ First: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: H() W() C()

E-mail Address: _____

Date of Birth: _____ Driver's Lic/SSN: _____

Occupation: _____ Employer: _____

Spouse's Name: _____ Referred by: _____

Pet's Name: _____ Breed: _____ Color: _____

Pet's Date of Birth: _____ Sex: M / F Altered: Y / N

Previous Clinic/Hospital: _____

Date of Vaccinations: _____ Microchip: Y / N If yes #: _____

Briefly list any allergies, prior diseases, surgical procedures, etc:

Current Diet: _____

Current Medications: _____

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Monterey Animal Clinic, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary (including parasite control and required vaccinations.)

I now assume liability for all services rendered. In the event it becomes necessary to collect fees through the services of an attorney or collection agency, I am aware that I will be responsible for all attorney's fees, collection fees, filing fees, finance charges, interest charges, and any other costs incurred. In the event it becomes necessary to collect these fees through litigation, then I agree to pay all court costs, depositions fees, and reasonable attorney's fees incurred. It is agreed that venue for all actions will be in Martin County, Florida.

Owner's Signature: _____ Date: _____