



**Englewood Animal Health Center**  
**1830 Placida Road**  
**Englewood, FL 34223**  
**941-474-8881**

**Owner Information**

Owner \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Last First Middle Initial  
 (Please Print)

Address: \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

*EAHC promises to respect your privacy. We will never send you unsolicited 'junk' mail or share your e-mail address.*

Are there any other owners or authorized agents? Yes \_\_\_ No \_\_\_  
 Co-Owner Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*Employer Information*

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Co-owner Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preferred Method of Communication: Home / Cell / Work / Email / Text / Facebook Message**  
**If text, who is your carrier? Sprint, Verizon, AT&T, Other \_\_\_\_\_**

**Animal Information**

Dog/Cat	Name	Breed	Color	Spay/Neuter	Sex	DOB

We love social media! We would like your consent to share your pets' image on our social media and website.

Your full name and personal information will never be used.  Yes, please make my pet a star!!  
 No thank you my pet is shy

**Payment Information**

*Professional fees are to be paid at the time services are rendered. Client will be responsible for a 1.5% monthly finance charge on accounts over 30 days and any collection fees on accounts over 90 days.*

Form of Payment Planned: \_\_\_ Cash \_\_\_ Credit Card \_\_\_ Check \*(Returned Check Fee \$25.00)

**Signature of Owner or Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*How did you heard about us? Friend \_\_\_\_, Road Sign \_\_\_\_, Phone Book \_\_\_\_, Internet \_\_\_\_, Other \_\_\_\_*  
*If someone referred you, please let us know so that we may thank them \_\_\_\_\_*

**Payment in FULL is expected at the time of service.**