

Flamingo Pet Clinic
2675 E. Flamingo Rd., Ste. 1 - Las Vegas, NV 89121
Office: 702-734-9761 Fax: 702-734-6905

Owner Information

First Name:	Last Name:	
Additional Owners:		
Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
How were you referred to us?		
Email Address:		
<i>*Only to be used by Flamingo Pet Clinic to remind you of appointments, vaccinations, etc...</i>		
Employer:		
Work Number:		
<i>*In case of emergency and/or lost/found pet.</i>		

Patient Information

Name:	Species:	CANINE	FELINE	AVIAN	REPTILE	OTHER:	
Breed:	DOB:	Color:					
Gender:	MALE	FEMALE	UNKNOWN	Is your pet...	NEUTERED	SPAYED	UNKNOWN
<p>_____ (Initial) I authorize and release to Flamingo Pet Clinic any photos of my pet(s) that may be taken, including for medicinal and online purposes. I understand that my pet's photos may be used for educational purposes and/or the online pet gallery. I understand that my personal information WILL BE kept private from the public.</p>							

_____ (Initial) I understand that ALL FEES incurred are DUE at the time services are rendered; Flamingo Pet Clinic does NOT provide any payment plans. I also understand that a deposit may be required of me before services are rendered. I am aware that acceptable forms of payment include cash, Credit/ Debit card, or Care Credit (no personal checks). I understand that if my account becomes delinquent, I may be referred to a collections agency and/ or the District Attorney's office and I will assume responsibility for any additional fees incurred by Flamingo Pet Clinic in their actions towards me and my account.

_____ (Initial) I understand that by signing this form, I am accepting FULL financial and medical responsibility for any patients under my account.

_____ (Initial) I understand that Flamingo Pet Clinic does not provide after hours/ overnight monitoring of my pets. I understand this means my pet(s) will be left unattended during non-business hours.

Signed: _____ Date: _____