
EDGEWOOD ANIMAL CLINIC

1708 EAST EDGEWOOD DRIVE • LAKELAND, FLORIDA 33803 • PHONE (863) 688-8301 • FAX (863) 683-3499

Owners name _____ Spouse _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email address _____

Employer _____ Spouse's _____

Emergency contact name _____ Phone _____

Pet's Name _____ Date of birth _____

Breed _____ Color _____

(Circle one): Female Intact Female Spayed Male Intact Male Neutered

Previous Vet. _____ Date last Vaccinations _____

Previous illness/surgery _____

Current Medication _____

Allergies/adverse reactions _____

List other pets in household _____

Person we may thank for referral? _____ Or

How did you hear of us? _____

I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization or further treatment.

Signature _____ Date _____

Driver's License # _____ Expires _____

All above information will be kept strictly confidential. Proper authority must be given in the event another veterinarian requests your pet's records.