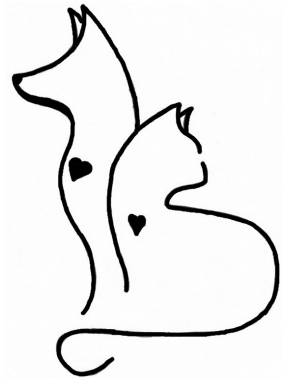


Jacksonville Community Pet Clinics

West: 5425 Verna Blvd Jacksonville, FL 32205 #337-0076
Beach: 335 11th Avenue N. Jacksonville Beach, FL 32250 #694-0541
mycommunitypetclinic.com/



Client Information Form

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Best contact number: _____ Email Address: _____

Additional Contact Information: _____ How did you hear about us? _____

Pet #1 Name: _____

Pet #2 Name: _____

Species: ☐ Canine ☐ Feline ☐ Other

Species: ☐ Canine ☐ Feline ☐ Other

Sex: ☐ Male ☐ Female Altered: Y | N Age: _____

Sex: ☐ Male ☐ Female Altered: Y | N Age: _____

Breed: _____

Breed: _____

Color: _____

Color: _____

I, _____ (printed name), assume all responsibility of all charges incurred in the care of my pets. **I understand that these charges are required to be paid at the time of release/discharge.** I also understand that if I do not appear at my scheduled appointment there will be a no show fee to be paid before scheduling appointments. I understand that repeated missed appointments may require a deposit to be placed before scheduling. We allow a grace period of up to 15 minutes past your pet's scheduled appointment for check in. Checking in after this period will require 1) your pet may be seen as a walk in between other appointments who arrived on time, OR 2) you may be asked to reschedule your pet's appointment. We make no guarantees that pets being worked in or seen as walk in will be seen within a certain time frame- wait times may vary. _____ **Initials**

It is the policy of this hospital to not authorize verbal or fax prescriptions from 3rd party pharmacies such as Chewy, Allivet, and similar. While we acknowledge that it is your legal right to fill these prescriptions at a pharmacy of your choice, we cannot guarantee the health and safety of products purchased at 3rd party pharmacies. We reserve the right to charge an administration fee of \$5 for each written prescription for medications filled outside of our hospital. _____ **Initials**

We ask for 24 hour notice for prescription refills. All medication use may be required to have bloodwork every 6 months at the discretion of the prescribing doctor. All controlled substance medications must have a physical exam and bloodwork every 6 months. **We cannot legally prescribe or refill medications or preventions for pets who have not been seen within the last 12 months.** Fl Admin. 61g18-30.001(y)(3) _____ **Initials**

For the safety of all, including our team members, all pets cared for by JCPC are **required to stay up to date on their rabies vaccine** (unless there is a documented medical exclusion on file to be renewed yearly). Sec.828.30.F.S. _____ **Initials**

We have a zero tolerance policy for abusive language, gestures, intimidation, malicious speech or acts, profanity, disrespect, or harmful statements about or towards others. We will do our utmost to treat you with kindness, compassion and respect, we expect the same in return from all of our clients. _____ **Initials**

Photo/Video Consent:

I hereby give Jacksonville Community Pet Clinics (JCPC) permission to take photographs and videos of me and/or my pet for either entertainment or for the educational purpose of posting on JCPC's Facebook, Tik Tok, Instagram, other social media sites and clinic website without payment or any other consideration. I hereby release and discharge JCPC from any and all claims arising out of use of the photos. I waive the right to inspect or approve any finished product in which my likeness appears, including written or electronic copy. _____ initials ☐ Please check here if you would NOT like to consent to photos or videos.

Signature of owner/responsible party:

(signature , date)

For existing clients this form is meant to verify both client and contact information is correct in our system as well as acknowledging our policies stated above. This form is to be renewed annually.