



5425 Verna Blvd Jacksonville FL 32205
904-337-0076
Petshotsjax.west@gmail.com

335 11th Ave N Jacksonville Beach FL 32250
904-694-0541
petshotsjax.beach@gmail.com

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: _____

Species: ☐ Canine ☐ Feline ☐ Other

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

Breed: _____

Color: _____

Pet #2 Name: _____

Species: ☐ Canine ☐ Feline ☐ Other

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

Breed: _____

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 cancel or reschedule an appointment the same day as my appointment, I will be charged a fee. I also understand that if I do not appear at my scheduled appointment there will be a no-show fee. I also understand that a deposit may be taken PRIOR to the treatment of my pet.

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**

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: _____

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.