

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

**Owner Information:**

<b>First Name:</b>	<b>Last Name:</b>
<b>Additional Owner(s)- required if an adult other than the above may bring in pet(s) and make medical/ surgical decisions:</b>	
<b>Address:</b>	
<b>City:</b>	<b>State:</b>
	<b>Zip:</b>
<b>Primary Phone:</b>	<b>Secondary Phone:</b>
<b>How were you referred to us?</b>	
<b>Email Address:</b>	
<i>*Only to be used by Flamingo Pet Clinic to remind you of appointments, vaccinations, etc...</i>	
<b>Employer:</b>	
<b>Work Number:</b>	
<i>*In case of emergency and/or lost/found pet.</i>	

**Patient Information**

<b>NAME:</b>	<b>Species:</b>	CANINE	FELINE	AVIAN	REPTILE	OTHER:	
<b>Gender:</b>	MALE	FEMALE	UNKNOWN	<b>Is your pet...</b>	NEUTERED	SPAYED	UNKNOWN
<b>Breed:</b>	<b>DOB:</b>		<b>Color:</b>				
<b>NAME:</b>	<b>Species:</b>	CANINE	FELINE	AVIAN	REPTILE	OTHER:	
<b>Gender:</b>	MALE	FEMALE	UNKNOWN	<b>Is your pet...</b>	NEUTERED	SPAYED	UNKNOWN
<b>Breed:</b>	<b>DOB:</b>		<b>Color:</b>				

\_\_\_\_\_ (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 collection 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. 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 will send vaccination reminders via email or text message. Other contact by text message include appointment reminders, patient updates, etc. By initialing, I consent to text messages at the mobile number I provided (message and data rates may apply).

\_\_\_\_\_ (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.

\_\_\_\_\_ (Initial) I authorize and release to Flamingo Pet Clinic any photos of my pet(s) that may be taken, including for medical 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.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_