

Welcome to Animal Clinic of Merritt Island - Dr. George and Dr. Ibarra.



We are pleased to welcome you and your pets to our clinic. We look forward to working with you in maintaining your pet's health. Please complete this form as fully as possible prior to your first appointment which will help expedite the registration process and give us valuable insight in providing optimal care for your pet(s). At all times our clients and patients will be treated with respect, dignity, and compassion. Being of service to our clients and patients is the definition and the mission of our practice.

For your protection, and that of others, all dogs must be on a leash and properly controlled while in the waiting area or examination rooms. All cats must be presented in an appropriate cat carrier.

Client Information:

Owner's Name: _____ Co-Owner/Other: _____
Address: _____ Please circle your preference for contact.
_____ Cell: _____ Home: _____
_____ Work: _____ E-Mail _____

In case of emergency is there some-one other than yourself we can contact and if necessary authorize treatment?
Name: _____ Contact Information: _____ Relationship: _____
How did you hear about our clinic? Referral? (Whom may we thank?) _____ Internet? _____
Location? _____ Employee? _____ Drive by? _____ Other? _____

We do not bill. All fees are due at the time that services are rendered. We accept Care Credit, Visa, MasterCard, Discover, American Express, and cash. We do not accept personal checks. If you have any questions regarding projected costs, we will gladly prepare a written estimate of services and fees.

Patient Information:

Patient Name: _____ Species: Canine: ___ Feline: ___ Other: _____
Breed: _____ Color: _____ DOB: _____
Sex: Male ___ Neutered: ___ Female: ___ Spayed: ___ Microchip/Tattoo: _____
Reason for visit: _____
Medical History: _____

What do you feed your pet? _____
Date of last vaccines: _____ Date of last Rabies vaccine: _____
Is your pet on any medications? _____
Does your pet have any known allergies? _____

Please ensure your previous pet's medical records are forwarded to our clinic prior to your appointment. Our email is: animalclinic1450@gmail.com. Our Fax # is (321) 454-9443