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**Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following.**

Owner(s) \_\_\_\_\_ Co-Owner \_\_\_\_\_  
Last First Initial Last First Initial

Address (No P.O. Box accepted) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_ (if none put n/a)

How did you become aware of our hospital?

\_\_\_\_\_ Dental Referral-Doctors name \_\_\_\_\_ Hospital sign  
\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Weston Express \_\_\_\_\_ Newspaper (Sunsentinel, Herald)  
\_\_\_\_\_ Puppy Store (name) \_\_\_\_\_ Other (Please specify) \_\_\_\_\_  
\_\_\_\_\_ Personal recommendation- who may we thank? \_\_\_\_\_

**Payment methods accepted:** Credit cards, Cash, Care credit, Personal Checks w/ approval

| Dog | Cat | Other | Patient's Name | Birth Date | M/F | Fixed<br>Y or N | Breed / Color |
|-----|-----|-------|----------------|------------|-----|-----------------|---------------|
|     |     |       |                |            |     |                 |               |
|     |     |       |                |            |     |                 |               |
|     |     |       |                |            |     |                 |               |

I authorize the use of audio, video or photographs obtained during my visit for training purposes and/or social media by signing below:

\_\_\_\_\_