



11549 N. Kendall Drive
Miami, FL 33176
(305) 598-1425 office
www.pouvetgroup.com

Client Registration

Owner: _____
Last Name First Name Spouse/Partner Last Name First Name

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____ Emergency Contact & Phone: _____

Email Address: _____ Partner Email: _____

Driver's License Number: _____ Exp. Date: _____

Place of Employment: _____ Position: _____

Address: _____

Spouse's Employment: _____ Position: _____

Credit Card Number: _____ Exp. Date: _____ CVC #: _____

How did you hear about us? Family/Friend Website Facebook/Instagram Pet
Supermarket Walking By Google Other _____

Payment is due upon services rendered

***We DO NOT have extended payment plans, but do offer Care Credit, for those who qualify. ***

I authorize and consent to the performance of treatment, surgery or dispensation of medication by Pou Veterinary Group, Inc. I accept responsibility for all costs incurred and all charges will be paid at the time service is provided. I acknowledge and authorize the use of my credit card, listed above, for any payment of any outstanding balance for care provided by Pou Veterinary Group, Inc., its doctor's and/or staff, and affiliated members.

Authorized Signature

Date

Social Media Consent

I authorize Pou Veterinary Group, its doctors, staff, affiliated members, and representatives, the right to take pictures of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that they may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

Authorized Signature