

Animal Emergency Clinic of St. Petersburg

3165 22nd Avenue North

St. Petersburg, FL 33713 (727)323-1311

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Account Number: _____ **Tech/assistant intls:** _____ **Patient weight upon arrival:** _____

PLEASE PRINT, FILL OUT BOTH COLUMNS:

Owner Information:

LAST NAME: _____

First Name, MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: (____) ____-____

Secondary phone: (____) ____-____

Work phone: (____) ____-____

Email address: _____

Pet/Patient Information:

PET NAME: _____

Species: () Dog () Cat () Bird () Other: _____

Gender: () Male () Female

spayed/neutered? () Yes () No

Vaccines within the past year? () Yes () No

Age/DOB: _____ Breed: _____

Color/description: _____

Have you brought a pet to the Animal Emergency Clinic of St. Petersburg before? () yes () no

If yes, please list alternate owner names the record may be under: _____

Reason for today's visit, symptoms and history: _____

Please list any medications/supplements your pet is taking: _____

Your pet's primary Veterinary Hospital/Veterinarian: _____

Please read the following carefully, initial and then sign at the bottom:

THE OFFICE CALL/EXAMINATION FEE IS \$100

An estimate of recommended diagnostics and treatment will be given for your approval after the examination.

Accepted Payment Methods

- Cash
- All major credit cards
- Care Credit (application available upon request)
- Personal Check*

*Checks are deposited electronically immediately. No starter checks. Checks must be drawn on a U.S. bank with your address printed on them; you must have a valid driver's license or state I.D. and two telephone numbers.

1) Pre-payment may be required on patient services.

2) Full payment is due upon discharge.

Initials _____

PLEASE READ AND SIGN BELOW:

- I am the pet's owner or I am acting as an agent for the owner. I hereby authorize the Animal Emergency Clinic of St. Petersburg Inc., its representatives, agents, or employees to treat and care for the above described animal.
- I accept full financial responsibility for the professional and clinic fees, including fees for veterinary, diagnostic, and surgical procedures. I understand that this responsibility continues in the event that the patient fails to recover.
- I understand that additional care at my primary veterinary hospital may be necessary after my pet is discharged from the Animal Emergency Clinic of St. Petersburg.

Signature: _____

Date: _____

Office Use Only:

Check in Time: _____ Tech Time In: _____ Doctor Time In: _____ Check Out Time: _____