

**Animal Emergency Clinic of St. Petersburg**

<b>For Office Use Only</b>		
Temp_____	Pulse_____	
Resp_____	MM_____	Wt_____

**CLIENT INFORMATION                      ACCOUNT#**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone\*: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Would you like to receive updates via text message? **Initial for yes** \_\_\_\_\_

Email: \_\_\_\_\_

Are you the pet's owner? Yes ( ) No ( ) If no, \_\_\_\_\_

Have you been here before? Yes ( ) No ( ) If yes, any alternate names: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**PET INFORMATION**

PET NAME: \_\_\_\_\_ Dog / Cat / Other \_\_\_\_\_

Gender: Male / Female | Spayed/Neutered? Yes / No Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Description \_\_\_\_\_

Current Vaccines? Yes / No / Unsure | Trupanion Pet Insurance: Yes / No

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

\_\_\_\_\_

Current medications/supplements/preventatives:

\_\_\_\_\_

Primary Veterinary Hospital/Veterinarian:

\_\_\_\_\_

***The Office Call / Examination Fee is \$105.00***

**PLEASE READ CAREFULLY AND SIGN BELOW:**

*A written estimate of charges will be provided for your approval following examination.*

**Pre-payment is required on patient services.                      Full payment is due upon discharge.**

**Accepted Payment Methods:** Cash   ▪  CareCredit   ▪  All major credit cards   ▪  ScratchPay

- I am the owner or authorized 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.
- Our hospital is not subsidized to allow for free or reduced-cost veterinary care. Clients should be prepared to pay for all care their pets receive at our hospital. Owners will be notified of fee changes as they occur. We encourage the use of financing options such as Care Credit and ScratchPay for clients wishing to make payments.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_