

# TAMPA BAY VETERINARY SPECIALISTS & EMERGENCY CARE CENTER, PL

1501 Belcher Road South, Largo, FL 33771-4505

(PLEASE NOTE: Due to high operating cost, the following policies have been established.)  
FULL PAYMENT IS EXPECTED WHEN THE PATIENT IS RELEASED OR WHEN SERVICES RENDERED

## Registration

### Please Print Clearly

Have you ever been here before?  YES  NO If yes, when? \_\_\_\_\_ With same pet?  YES  NO

Date: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ (must be filled in if paying by check)

Owner: \_\_\_\_\_ Spouse \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ (his/hers)

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ (his/hers) Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ (his/hers)

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

## Pet Health History

Name of Pet: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age/D.O.B \_\_\_\_\_

Male  Neutered  Female  Spayed

Family Veterinarian: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

## Authorization

I am the owner of the above pet, or am acting as an agent for the owner. I accept full financial responsibility for professional and clinic fees, including the fees for medical, diagnostic and surgical procedures. I understand that this responsibility continues in the event that the patient fails to recover. I also understand that a deposit maybe required prior to hospitalization or procedure. All charges incurred to my pet are to be paid at the time of release or when services rendered. Additional charges will be incurred if follow-up examination, laboratory testing or extended telephone consultation is required pertinent to ongoing medical care. I have read the above statements, and I am fully aware of my responsibilities.

**METHODS OF PAYMENT INCLUDE: CASH, CHECK, MASTERCARD, VISA, AMERICAN EXPRESS, DISCOVER, AND CARE CREDIT**

If paying by check, you must provide a valid drivers license and social security card or services will not be rendered.

Signature of Owner/Agent: \_\_\_\_\_

Client # \_\_\_\_\_ Time \_\_\_\_\_ am/pm