

AFFORDABLE VET CARE

**1900 34th St. South (US 19)
Saint Petersburg, FL 33711**



(727) 328-SPAY(7729)

Email records to:
clinic@petpalanimalclinic.com
Fax 727-323-7729

PLEASE PRINT CLEARLY ALL INFORMATION

Your First Name _____ Your Last Name _____

Address _____ City _____ Zip _____

Primary Phone _____ Emergency Phone _____

Email _____ How did you hear about us? _____

Pet's Name _____ Age ____ Breed _____ Color _____

Pet Species Dog ____ Cat ____ Pet Sex Male ____ Female ____ Spayed/Neutered Yes/No

Reason for today's visit (please be specific such as blood in urine, no energy, not eating)

Previous Health Issues _____

Last Vaccinations Received _____ Date _____

What Veterinarian or Clinic Administered the vaccines _____

Prior Veterinarian _____ Last Seen _____

Owner's/agents Signature _____ Date _____

VACCINATION INFORMATION

Although the benefits of pet vaccination far outweigh the risk, certain events, some potentially fatal, can be associated with vaccinations. It is impossible to predict which pets are prone to vaccine reaction. If you are aware of a reaction your pet has had in the past, please inform the doctor. Some adverse reactions which may be associated with vaccinations are fever, soreness at the injection site, sore joints, vaccine site lumps, vaccine site tumors (cats only), and anaphylaxis (hives, facial swelling, vomiting).

CONSENT FOR VACCINATION AND/OR MICROCHIPPING

I have read and understand the materials provided to me. Any questions about vaccinations have been answered to my satisfaction. I am aware of the potential benefits and risks of vaccinating my pet. I understand that my signature represents my request to have my pet vaccinated and releases Pet Pal Veterinary Clinic and its agents of any liability. I, being of legal age and owner of the above animal, have the authority to grant Pet Pal Veterinary Clinic and its agents my consent, and I hereby give such consent to vaccinate and/or microchip the animal named above. If pet is already microchipped prior to visit, do you allow us to call for verification of ownership.

Owner/Agent Signature _____ Date _____