

AFFORDABLE Vet Care
1900 34th St. South (US 19)
Saint Petersburg, FL 33711



(727) 328-SPAY
(7729)
petpalanimalclinic.com

Your First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Primary Phone Number _____ Emergency Phone Number _____

Email _____ How did you hear about us? _____

Pet's Name _____ Age _____ Breed _____ Color _____

Pet Species: Dog Cat Pet Sex: Male Female

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 receive, prescribe, and/or perform surgery upon the animal named above.

I understand that the risk of injury or death, although low, is always present just as it is for humans who undergo surgery. **Carefully read before signing your name below.**

- If, in the course of treatment, a condition is discovered which requires medical attention or an additional procedure or medication, including but not limited to hernia repair or administration of IV fluids, the attending veterinarian may, in his absolute discretion, treat this condition. I consent to this treatment and agree to pay additional charges.
- I understand that Pet Pal Veterinary Clinic has the right to refuse service to any animal to whom our veterinarian deems such service a health risk.
- I certify that my animal is in good health and has not had any food or water after 10 pm the night before surgery.
- I understand that some factors significantly increase surgical risk, including but not limited to females that are pregnant or in heat, and diseases such as Feline Leukemia, Feline AIDS, and heartworms.

ELIZABETHAN COLLARS are used to prevent your animal from chewing, licking and pulling surgical sutures. Please inquire about current price.

Check to DECLINE an Elizabethan Collar against medical advice

PLEASE CHECK SERVICES YOU WOULD LIKE PERFORMED

CAT SERVICES

- Rabies Vaccine 1 yr. 3 yr.
- FELV/FIV Leukemia/AIDS Test
- FVRCP (Distemper)
- FELV (Leukemia)

DOG SERVICES

- Rabies Vaccine 1 yr. 3 yr.
- Heartworm test
- Bordatella (Kennel Cough)
- DAHPP/CV (Distemper/Parvo)

ADDITIONAL SERVICES

- Microchip Deworm
- Nail trim Fecal
- Pinellas County tag
- Flea med type _____

PROCEDURES

<input type="checkbox"/> OHE	<input type="checkbox"/> Dental	HW TEST	<input type="checkbox"/> NEG	<input type="checkbox"/> POS	Weight:
<input type="checkbox"/> NEUTER <input type="checkbox"/> Cryptorchid	<input type="checkbox"/> Other procedure	FELV/FIV TEST			
<input type="checkbox"/> Mass Removal	<input type="checkbox"/> Pain meds	FELV	<input type="checkbox"/> NEG	<input type="checkbox"/> POS	
<input type="checkbox"/> Biopsy	<input type="checkbox"/> Other meds	FIV	<input type="checkbox"/> NEG	<input type="checkbox"/> POS	

I HAVE PROOF OF CURRENT RABIES VACCINATION.

Owner/Agent's signature _____ Date _____