

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 Spayed/neutered? yes no

*All reminders for pet's health care are now sent by email. Make sure you get these important reminders by adding our email address clinic@petpalanimalshelter.com to your address book. Otherwise, they may end up in your spam or junk folder!

Reason for today's visit: _____

Please allow 24 hours to cancel your appointment, or there will be a \$25 cancellation fee added to your account.

_____ **(please initial) Payment is due at the time of service.**

Owner/Agent's 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.

Owner/Agent's signature _____ Date _____