

AFFORDABLE Vet Care
1900 34th St. South (US 19)
Saint Petersburg, FL 33711
(727) 328-SPAY



WALK-IN VACCINE CLINIC
 Prices are valid during vaccine clinic hours only. Pets are seen on a walk-in basis, no appointment is necessary.
 Vaccine clinic hours:
 8am - 5pm Monday through Friday
 8am - 12pm Saturday

Are you a client of Pet Pal Veterinary Clinic? _____ Have we seen this pet before? _____

Owner First Name _____ Owner Last Name _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Email _____

Pet Name _____ Breed _____ Color _____ Age _____

Male ___ Female ___ Spayed/Neutered: Yes ___ No ___ How did you hear about our clinic? _____

Does your pet have any history of vaccine reactions that you are aware of? _____

Have you seen any coughing, sneezing, vomiting or diarrhea in the last 2 weeks? _____

Do you have any questions or concerns for your pet today? _____

Please note: Today you have come in for our vaccine clinic. The basic exam that your pet will get today is only to ensure the pet is healthy enough to receive vaccines. If you have any concerns, or your pet needs to have any problems addressed (example: itchy skin, check ears, not feeling well, etc.) you will need to schedule an appointment with the veterinarian and no vaccines can be done today. Thank you for your understanding.

Consent for Vaccinations/Microchipping

I, being of legal age and owner of the animal described above, have the authority to grant Pet Pal Veterinary Clinic and its staff my consent to vaccinate and/or microchip the animal named above.

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. Some adverse reactions are: fever, soreness at injection site, sore joints, vaccine site lumps, anaphylaxis (hives, facial swelling or vomiting). If any of these signs arise, please seek veterinary advice/treatment for the condition.

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.

Owner/Agent's signature _____ Date _____

Please place a check mark in the box of the package and all a carte items you would like for your pet today.

<p>Dogs.....\$55 + \$20 for county license</p> <p><input type="checkbox"/> Basic exam</p> <p><input type="checkbox"/> Rabies (1 year only)</p> <p><input type="checkbox"/> Distemper/Parvo</p> <p><input type="checkbox"/> Heartworm Test</p>	<p>Puppies...\$35 (under 3 months)</p> <p><input type="checkbox"/> Basic exam</p> <p><input type="checkbox"/> Distemper/Parvo</p> <p><input type="checkbox"/> Deworming</p>	<p>A La Carte Services*</p> <table border="1"> <tr><td>Basic exam</td><td>\$10</td><td><input type="checkbox"/></td></tr> <tr><td>Rabies 1yr</td><td>\$15</td><td><input type="checkbox"/></td></tr> <tr><td>Bordatella</td><td>\$15</td><td><input type="checkbox"/></td></tr> <tr><td>Canine Influenza (CIV)</td><td>\$22</td><td><input type="checkbox"/></td></tr> <tr><td>Canine Distemper</td><td>\$15</td><td><input type="checkbox"/></td></tr> <tr><td>Leptospirosis</td><td>\$22</td><td><input type="checkbox"/></td></tr> <tr><td>Coronavirus</td><td>\$22</td><td><input type="checkbox"/></td></tr> <tr><td>Feline Leukemia</td><td>\$22</td><td><input type="checkbox"/></td></tr> <tr><td>Feline Distemper</td><td>\$15</td><td><input type="checkbox"/></td></tr> <tr><td>Felv/FIV snap test</td><td>\$33</td><td><input type="checkbox"/></td></tr> <tr><td>Heartworm test</td><td>\$32</td><td><input type="checkbox"/></td></tr> <tr><td>Microchip</td><td>\$20</td><td><input type="checkbox"/></td></tr> <tr><td>County license</td><td>\$20</td><td><input type="checkbox"/></td></tr> <tr><td>Praziquantel inj.(tapeworms)</td><td>\$25</td><td><input type="checkbox"/></td></tr> <tr><td>Anal Glands</td><td>\$18</td><td><input type="checkbox"/></td></tr> <tr><td>Nail Trim</td><td>\$15</td><td><input type="checkbox"/></td></tr> <tr><td>Ear Cleaning</td><td>\$22</td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td><input type="checkbox"/></td></tr> </table>	Basic exam	\$10	<input type="checkbox"/>	Rabies 1yr	\$15	<input type="checkbox"/>	Bordatella	\$15	<input type="checkbox"/>	Canine Influenza (CIV)	\$22	<input type="checkbox"/>	Canine Distemper	\$15	<input type="checkbox"/>	Leptospirosis	\$22	<input type="checkbox"/>	Coronavirus	\$22	<input type="checkbox"/>	Feline Leukemia	\$22	<input type="checkbox"/>	Feline Distemper	\$15	<input type="checkbox"/>	Felv/FIV snap test	\$33	<input type="checkbox"/>	Heartworm test	\$32	<input type="checkbox"/>	Microchip	\$20	<input type="checkbox"/>	County license	\$20	<input type="checkbox"/>	Praziquantel inj.(tapeworms)	\$25	<input type="checkbox"/>	Anal Glands	\$18	<input type="checkbox"/>	Nail Trim	\$15	<input type="checkbox"/>	Ear Cleaning	\$22	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
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<p>Office use only: Pinellas County License Tag#: _____</p> <p>Temp: _____ Weight: _____ H/R: _____/min Respiration: _____/min Dewormer: _____ HW Test: neg/pos Felv/FIV: neg/pos Given by: _____</p> <p style="text-align: center;">Please place vaccine stickers here</p>																																																											

*ALL A LA CARTE ITEMS REQUIRE BASIC EXAM.