# TAMPA BAY VETERINARY SPECIALISTS & EMERGENCY CARE CENTER, PL

1501A Belcher Road South, Largo, FL 33771-4505

**FULL PAYMENT IS EXPECTED WHEN THE PATIENT IS RELEASED OR WHEN SERVICES RENDERED**

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

## REGISTRATION

(Please Print Clearly) Your email address: _____

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/Date of Birth: _____

Male _____ Neutered _____ Female _____ Spayed _____

Family Veterinarian: _____Phone #: ( ) _____ -_____

Name of Hospital: _____

## AUTHORIZATION FOR EDUCATIONAL PURPOSES

**As leaders and teachers in the veterinary medical field, the specialists and staff of TBVSECC may use medical case information for teaching, developing forms, providing continuing education, website, veterinary literature development, social media updates, etc. I authorize the release of case/patient information for such purposes. Patient confidentiality (client names withheld) will be maintained. _____ Agree _____ Disagree _____Initial**

## AUTHORIZATION FOR FINANCIAL RESPONSIBILITY

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.

Signature of Owner/Agent: _____ Client #: _____ Time: _____AM/PM