



Phone# 813.406.4800 • Fax # 813.406.4801 • 3908 Flatiron Loop #102 • Wesley Chapel, FL 33544

(PLEASE NOTE: Due to high operating cost, the following policies have been established.)
FULL PAYMENT IS EXPECTED WHEN THE PATIENT IS RELEASED OR WHEN SERVICES RENDERED

Registration

Please Print Clearly

Have you ever been here before? ☐ YES ☒ NO If yes, when? _____ With same pet? ☐ YES ☐ NO

Date: _____ Owner: _____ Spouse: _____

Address: _____ Apt#: _____

City: _____ State: Florida Zip: _____

Home Phone: (____) _____ Cell Phone (____) _____ (his/hers)

Work Phone: (____) _____ (his/hers) Cell Phone (____) _____ (his/hers)

Employer: _____ email: _____

ONLY IF PAYING BY CHECK, please provide your social security and drivers license number.

Social Security #: _____ Dr. Lic # _____ State Issued: _____

Pet Health History

Name of Pet _____ ☐ Dog ☐ Cat ☐ Other: _____

Breed: _____ Color: _____ Age/DOB: _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed X-rays taken: ☐ YES ☐ NO

Family Veterinarian: _____ Phone #: (____) _____

Name of Hospital: _____

Medical Conditions: _____

Authorization

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, diagnostics 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.

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

If paying by check, you must provide a valid drivers license and social security card or services will not be rendered.

Signature of Owner: _____

Print name here: _____

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AMERICAN VETERINARY DENTAL COLLEGE