

**VALRICO ANIMAL CLINIC  
CLIENT/PATIENT INFORMATION**

**Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete both side of this information sheet.**

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Co-owner First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

\*Date of Birth is used to determine Hillsborough County senior citizen tag qualification only

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Co-Owner Cell Phone \_\_\_\_\_

Please check the box of the phone # you would prefer as your primary contact #.

Email Address \_\_\_\_\_

Referred By \_\_\_\_\_

I hereby authorize Valrico Animal Clinic to examine, prescribe for and/or treat the pet(s) described herein. I also consent to the administration of such anesthetics as are necessary. I understand that veterinary service is provided during the nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous nighttime presence of qualified personnel may not be provided at all times, and transfer to the emergency clinic for the night may be necessary. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the clinic or when service is terminated. In the event that a pet is left here for more than 2 days beyond oral or written notification of discharge to the owner, the pet will be considered abandoned and turned over to Hillsborough County Animal Services. I understand that any unpaid bills will be sent to an attorney for collection in court, and that I will be responsible for all court costs.

We will gladly provide you with a written estimate of charges at your request.

We accept Visa, MasterCard, Discover, American Express, Debit cards and cash. We also offer financing through Care Credit for those who qualify. **WE DO NOT ACCEPT CHECKS.**

I am the legal owner or representative of the legal owner of the animal being presented for treatment, and I am over the age of 18 years.

Date \_\_\_\_\_ Signature \_\_\_\_\_