

Patient/Client Information

Trinity Oaks Pet Wellness Center
10003 Trinity Boulevard
Trinity, FL 34655
Telephone: (727) 375-2882
info@trinityoakspwc.com

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____

Zip code: _____

Home Phone#: _____ Work Phone# _____ Cell#: _____

At What Time _____ And At What Phone# _____ Is It Best To Call About Your Pet?

In Case of **EMERGENCY**, Call _____ At Phone# _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Driver's License Number: _____ Date of Birth: _____

Preferred Method of Payment:

- ☐ Cash
- ☐ Check
- ☐ Credit Card

Name of Previous/Current Veterinarian: _____

Please check one of the following:

- ☐ How did you hear of our Hospital?
- ☐ Individual, Someone we may thank?
- ☐ Yellow Pages, or another telephone directory?
- ☐ Hospital Sign?
- ☐ Website?
- ☐ Another Hospital? If so, which?
- ☐ Other, please state:

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent.

Signature: _____ Date: _____