Metzler Veterinary Hospital
2720 Summerdale Drive
Clearwater, FL 33761
Phone: (727) 669-7221
Fax: (727) 669-2221

Owner(s) Information

Owner's Name: _____ Co-Owner/Spouse: _____

Street Address: _____ Apt No. _____

City: _____ State: _____ Zip: _____ Email: _____

Cell Phone: _____ Work Phone: _____ Co-Owner/Spouse phone: _____

Additional Authorized Contact

Name: _____ Phone: _____

☐ You authorize us to speak to this person about your pet's care in the event we cannot reach you.

How did you hear about us?

◯ Family/Friend ◯ Google ◯ Facebook ◯ Yelp ◯ Other

If you were referred by a client, please tell us who so we can say thank you. _____

New Patient(s) Information

(1) Pet's Name: _____ Species: Choose Birthday/Age: _____

Breed: _____ ☐ Mix Color: _____ Sex: Choose

Previous Health Issues: _____

_____

(1) Pet's Name: _____ Species: Choose Birthday/Age: _____

Breed: _____ ☐ Mix Color: _____ Sex: Choose

Previous Health Issues: _____

_____

Primary Care Veterinarian

Name: _____ Doctor: _____ Number: _____

Do you authorize the staff of Metzler Veterinary Hospital to release your pet's records?

Please check all that apply: ☐ Boarding Facility ☐ Grooming Facility ☐ Specialist ☐ Other Professional ☐ None

We love social media!

We would like your consent to share your pets' image on our social media and website. Your full name and personal information will never be used. ◯ Yes, please make my pet a star!! ◯ No thank you, my pet is shy.

If you must cancel an appointment, we ask for 24 hours' notice. If cancelling a surgical appointment, we ask for 48 hours' notice. A late cancellation or frequent cancellations may result in a fee being applied to your account. Current vaccinations are required by Metzler Veterinary Hospital before we may admit any animal for any reason. These measures are taken to protect the well-being of all animals within our hospital.

Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in full at the time of service. I recognize that financial concerns should be discussed prior to exam and treatment. For your convenience, we accept Visa, Mastercard, American Express, Discover, Care Credit, and Scratchpay with proper identification. Please stop at our reception desk to review and pay for services.

I confirm that the above information is correct and that I am the owner or authorized agent of the patient (s) listed above.

_____ _____

Signature Date