

Welcome!

Atlantic Veterinary Clinic

Thank you for the opportunity to care for your pet. We'll be happy to answer any questions you have regarding your pets health. Please take the time to completely fill out this form. Thank You!

REGISTRATION:

Owner Name:		Date:	
Street			
	City/State:	Zip:	
Phone:		Alt Phone:	
Emergency Contact:		Relationship:	
Other Animals in House:			
Reason for Visit:			

PET INFORMATION:

Pet Name:		Birthdate:	
Type of Pet:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Rabbit <input type="checkbox"/> Rodent <input type="checkbox"/> Reptile <input type="checkbox"/> Other		
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Altered? Yes No	Weight:
Breed:		Color:	
Vaccines:	<input type="checkbox"/> Rabies <input type="checkbox"/> DHPP <input type="checkbox"/> Lepto <input type="checkbox"/> FVRCP <input type="checkbox"/> Bordetella <input type="checkbox"/> Other:		
Date Given:		Allergic Reactions:	
Current Medications:			
Current Problems:			
Current Allergies:			
Heartworm prevention:	Yes No	Type:	
Flea Prevention	Yes No	Type:	
Current Diet:	Dry Canned Raw Homecooked		
Past Health issues?			

I hereby authorize the veterinarian or staff to examine, prescribe or treat my pet. I acknowledge that I am the owner or caretaker of this pet and I assume all responsibility for charges incurred. I understand that payment is required in full at time of procedures. Deposits or pre-payment may be required.

Authorized Signature: _____ Date: _____

No Checks are accepted for payment.

Payment Method: Cash Credit Card Debit Card Paypal

Atlantic Veterinary Clinic, 201 Town Center Blvd. Davenport FL, 33896 (863)420-8323

Policy and Procedures

APPOINTMENTS: When you schedule an appointment it allows our staff to prepare for your visit. We know that life does not always happen on a schedule, so if you have a medical emergency please bring your pet in to be seen. If possible please call to let us know when you will be arriving. If you arrive without an appointment we will do our best to see your pet in a timely manner, however waiting times can not be guaranteed. Fees for walk-in, emergency, or after hours may be higher than for scheduled appointments. We attempt to run on time with our appointments. They are scheduled for every 20 minutes to allow our doctor adequate time to examine your pet. Late appointments, consultations, and extended visits may incur an extra charge. If you are running later than 10 minutes your appointment may need to be rescheduled.

OUTPATIENT CARE: The Atlantic Veterinary Clinic is strictly an outpatient facility. We are not a 24 hour facility and as such we do not have round the clock staff to be able to care for critically sick or injured patients. Therefore any sick or critically injured patients will be referred out to the nearest emergency 24 hour care facility.

SURGICAL PROCEDURES: Any animal undergoing surgery is required to have proof of all vaccinations and testing prior to undergoing any procedure. Blood profiles are strongly recommended for the safety of your pet.

PAIN MANAGEMENT: Post surgical pain management is required for all surgical procedures performed. This is for the comfort and safety of your pet. Laser therapy is also available for pain relief and improved healing times.

DEPOSITS: Deposits of up to 75% are required on many procedures. The balance will be applied to your account and any unused portion will be refunded. We accept Credit Cards, Debit Cards, and Cash.

PET RESTRAINT: Due to insurance and liability concerns we ask that you allow our staff to restrain your pet. Should you chose to restrain your own pet- please understand that you the owner become liable for any and all damage incurred by your person, your pet, the staff or clinic equipment and may be held accountable for such.

REVIEW WRITING: We love to get good reviews, if you wish to complete a review (Online or otherwise) about the doctor, staff, facility, or any aspect of care we ask that you get the express written consent of the clinic beforehand. Please be aware that reviews break patient/client confidentiality giving the

hospital, its staff, and doctor implied consent to respond with full details of the case.

PRESCRIPTIONS: Prescriptions are often written for our patients to ensure their well being and continued health. However a valid client patient relationship is required before prescriptions will be provided. It is clinic policy that we will not provide prescription medications unless a pet has been seen within a reasonable amount of time as determined by the medication and condition being treated.

FLEA AND HEARTWORM PREVENTION: Dispensing of Flea and Heartworm prevention requires proof of an examination and a current weight every 6 to 12 months. Heartworm prevention will not be refilled without proof of a current heartworm test (yearly) and a weight.

REPEAT PRESCRIPTIONS: Chronic illnesses often require long term medication. These will be provided on a case by case basis, however blood profiles 1 to 2 times yearly, and routine examinations are required for certain refills.

WRITTEN PRESCRIPTIONS/INTERNET PHARMACY: In the event a prescription is required that is not carried in clinic a written prescription may be given. Written prescriptions may be charged a bookkeeping fee of \$10.00. It is the policy of the AVC that we do not communicate with internet pharmacies. All written prescriptions must be picked up in person before being sent to the pharmacy of your choice. Full policy is available online.

PAYMENT: Payment is required at time services are rendered. Estimates are provided at owner request. All balances are due at the time of discharge. Failure to pay is theft and will be treated as such.

Pet ID Cards: Pet ID cards are available by owner request.

Hours:
Monday to Friday 9:00AM to 5:00 PM
Saturday 9:00 AM-1:00 PM
Sunday CLOSED

Atlantic Veterinary Clinic
201 Town Center Blvd
Davenport FL 33896
(863)420-8323