



Southpaw Animal Health
 15421 North Dale Mabry Highway
 Tampa, FL 33618
 P: 813-968-4025 / F: 813-264-6656
 www.southpawah.com
 spah.staff@southpawah.com

Dr. Debora Drake
 Dr. Laura Rottenberk
 Dr. John Golphin (Relief)
 Dr. Rachel Almengual (Relief)

WELCOME TO SOUTHPAW ANIMAL HEALTH

The doctors and staff would like to thank you for giving us the opportunity to care for your pets. To ensure the best care possible, please take the time to fill out this form completely.

Please email or fax all records to us prior to your appointment. THANK YOU!

Owner Information

First Name:	Last Name:	Spouse's Name:
Address:	City:	State: Zip:
Primary Cell:	Secondary Cell:	Home:
Email Address(es):		

Pet Information

Pet Name:	<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> BIRD <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NEUTERED / SPAYED
Breed:	Color: _____	DOB/Age:
Previous Vet Clinic (Name & Telephone Number):		

Please list any important medical information, medications, or diagnoses that will assist in the best care of your pet.

Pet Information

Pet Name:	<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> BIRD <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NEUTERED / SPAYED
Breed:	Color: _____	DOB/Age:
Previous Vet Clinic (Name & Telephone Number):		

Please list any important medical information, medications, or diagnoses that will assist in the best care of your pet.

I hereby authorize the veterinarian to examine, prescribe for, or treat the following pet(s). I assume complete responsibility for all charges incurred in the care of this animal(s) during this and any future visits. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required. I understand that any returned checks will be assessed a returned check fee and the face value of the check and the fee are collected by a third party. I also understand that should my account ever be turned over to a collection agency due to non-payment a collection fee may be added to my account.

Signature of Owner _____ Date _____