

Midway Animal Hospital



Donald Howell, D.V.M

Caring for your Cats & Dogs for over 35 years.



10700 Seminole Blvd . Seminole, FL 33778

727-391-9928

Client Information

Name _____ Spouse _____

Address _____ Apt./Unit # _____

City _____ State _____ Zip _____

Driver's License Number: _____

Verified and Copied By: _____

Phone # _____ Cell # _____

Email _____

Employer & Address _____ Phone # (____) _____

In case of emergency, please call: _____ (____) _____

We take pride in the quality of service and medical care we provide for you and your pet. In the effort to maintain these standards and keep costs at a reasonable level, we do not bill for services rendered. If you'd like a written estimate, please ask your attending technician and one will be provided.

Payment is expected at time of services rendered.

I assume responsibility for all the charges incurred in the care of my animal. I understand these charges will be paid at the time of service rendered and that a deposit may be required for surgical or hospital treatment.

Signature _____ Date _____

I give Midway Animal Hospital permission to release any pertinent information about my pet to other health care providers of those whom I have entrusted with the care of my pet.

Signature _____ Date _____

- We gladly accept -

**CARE CREDIT - CASH - CHECKS - DISCOVERY CARD -
MASTERCARD - VISA**