



Client In: _____

Chart Up: _____

Room #: _____

Please print clearly. All fields must be completed.

Primary Owner

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

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

SSN: _____ Driver's License: _____ E-mail address: _____

Employer Name: _____ Employer Address: _____

Secondary Owner or Emergency Contact

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

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

Employer Name: _____ Employer Address: _____ E-mail address: _____

Patient Information

Check the appropriate information: Canine Feline | Male Neutered | Female Spayed

Pet's Name: _____ Breed: _____ Long Hair Short Hair

Color: _____ DOB/Age: _____

Regular Veterinarian: _____ Regular Clinic: _____

Phone: _____ Fax: _____

Do you have a referral form? Yes No

Reason for Visit

Welcome to Our Clinic

In order to give our patients the care and attention they may require, our veterinary specialists and emergency doctors may have to spend more time with a particular patient than a routine visit would require. Patients with complicated problems or emergencies may require extended time and attention. Because of this, YOU MAY EXPERIENCE A WAIT. Be assured, your pet will receive this same special attention, should it be required. The receptionist will be glad to check on the status of our schedule and keep you informed. Please alert our reception desk if your pet's condition changes while you are waiting to be seen or you are waiting for a report on treatment being done.

When care or time is the issue, care will always prevail.

Payment of Services Information

I understand: Payment in full is expected at the time my pet is released. I may be asked to leave a deposit if my pet is hospitalized overnight for further treatment. An estimate of care options will be discussed prior to treatment. In life-threatening situations, stabilizing care may be instituted upon arrival, but no invasive or diagnostic treatment will be undertaken until it has been discussed with me. The reception desk will be happy to discuss the payment options available to me. My attending veterinarian will coordinate the time for my pet's release and explain any home care or follow up treatment that my pet may need.

Signature: _____ Date: _____

Authorization For Emergency Care — Rushbacks Only

Your pet is currently being evaluated for emergency care. This can include radiographs, IV fluids, oxygen, IV catheters, etc. The veterinarian will perform the care needed to stabilize your pet. The cost for this emergency care may be less than but could exceed \$400. These costs will be incurred before you talk to a veterinarian about your pet's condition. By signing below, you are authorizing the veterinarian to perform this initial stabilization and are agreeing to pay the charges incurred.

The veterinarian will talk to you about your pet's problems, prognosis and the total cost of your pet's care after his/her initial treatment.

Signed _____ Date _____

Client's Printed Name _____

Pet's Name _____

Witness _____ Date _____

If you do not wish to consent to this initial care, please tell the receptionist immediately. The doctor will be out to talk to you before treating your pet. Failure to sign this form does not mean that we will not treat your pet; however, your pet's treatment will be put on hold until you have talked to the veterinarian.