



**ANIMAL
EMERGENCY
CENTER**

Animal Emergency Center

Client Information

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

Home Address: _____

City: _____ State: _____ Zip: _____ Primary Phone #: _____

Secondary Phone #: _____ Co-Owner Phone #: _____

Email Address: _____ Driver's Lic# _____ DOB: _____

Employer: _____ Occupation: _____

****We must collect Driver's License and employment information for collection purposes. We also require a photocopy of your license****

Patient Information

Patient Name: _____ Dog _____ Cat _____ Breed: _____

Circle One: Male/Intact Male/Neutered Female/Intact Female/Spayed

Birth Date/Age: _____ Color: _____ Are Vaccinations Current? Y / N

Reason for Visit (primary complaint): _____

Please list any of your pet's drug allergies or special problems that we should know about:

What veterinarian referred you to the Animal Emergency Center? _____

Had you heard about our hospital prior to this referral? Yes _____ No _____ If yes,

how: _____

Did you bring X-rays, lab work or medical records from your veterinarian? Yes _____ No _____

Accurate referring veterinarian information is very important for continuity of care. Someone may ask you to verify your usual DVM's information.

RDVM Name: _____ Clinic Name: _____

Payment Information

I understand that I am financially responsible to Animal Emergency Center for charges. I understand that payment is due in full at the time services are rendered. I agree to pay all interest, collection, legal, attorney or court fees in the event it becomes necessary to pursue the account for collection. If your account is placed with a collection agency, a collection-fee of up to 33.3% may be added to your account and shall become a part of the Total Amount Due. We accept cash, checks, major credit cards and Care Credit. TeleCheck authorizes all checks. When you provide a check as payment, you authorize us to use information from your check to process a one-time payment Electronic Funds Transfer (EFT), a draft drawn from your account or to process the payment as a check transaction. Unless specifically requested, all pets needing emergency care while staying in our hospital will be treated until the owner/agent can be contacted.

Owner/Agent Signature (must be over 18 years of age)

Date