



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 _____

OFFICE USE ONLY

RDVM Name: _____ Clinic Name: _____

Payment Information

I understand that I am financially responsible to the 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. We accept cash, checks, major credit cards and CareCredit. 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