



# Client Information Sheet

Reason for Visit: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Client # \_\_\_\_\_

Have you been to this emergency hospital before? (circle choice) Yes No

Owner Name: \_\_\_\_\_ Co-Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary # ( ) \_\_\_\_\_ Secondary # ( ) \_\_\_\_\_ Other # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you the pet's owner (circle choice) Yes No If No, please provide your name and address: \_\_\_\_\_

Family Veterinary Practice Name/Phone: \_\_\_\_\_

Has your pet been treated by a Veterinary Specialist? If so, please list name and date of services \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Sex: Male Female

Spayed/Neutered: Yes No Species: Dog Cat Bird Ferret Rabbit Reptile Other \_\_\_\_\_

Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Please tell us how you heard about our emergency hospital (circle all that apply)

Family Veterinarian • Friend/Family/Neighbor • Yellow Pages/Phone Book • Internet • Community Event • Bing • Facebook • Yelp • Other

**The examination and treatment that your pet will receive is rendered on an emergency basis only. It is not intended to be a substitute for, or an effort to provide, complete veterinary medical care. In most cases, your pet will need to be seen by your regular veterinarian for follow-up treatment and further medical care. It is impossible to recognize and treat all injuries or illnesses in a single emergency visit.**

**PROFESSIONAL FEE POLICY:** The minimum fee for this Emergency Examination and/or consultation with a Veterinarian is \$98.00. Additional fees are charged when treatment, medication, tests or hospitalization is necessary. An estimate of the cost of recommended treatment and testing will be provided after the initial examination.

**I HEREBY AUTHORIZE** the Veterinarian on duty and designated members of the Health Care Team to administer treatment as is considered necessary on an emergency basis. I consent to the administration of such anesthetics as are necessary and surgical procedures of an emergency nature. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I consent to the release of medical information and records to my referring Veterinarian, any specialist who may be consulted and insurance representatives. I consent to having photos and/or video taken of my pet for educational, training, and/or promotional purposes.

**DISCHARGE OF PETS:** All pets must be picked up at scheduled discharge time or additional charges may be incurred.

**I ACCEPT FINANCIAL RESPONSIBILITY FOR THESE SERVICES.** I understand that I will be expected to pay all fees at the time services are rendered. I further agree to pay for all collection costs, attorney fees, and all other costs that may be incurred to enforce collection of any amounts outstanding.

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

Owner/Responsible Party

Picture I.D. required

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

Co-Owner/Responsible Party

Picture I.D. required