



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