



Client Information Sheet

Reason for Visit: _____ Date: _____ Time: _____ Client # _____

Owner's Name: _____ Co-Owner/Pet Sitter Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary # _____ Cell Home Work Secondary # _____ Cell Home Work

Email Address: _____

Family Veterinary Practice Name: _____

PET INFORMATION

Pet Name: _____ Age/Date of Birth: _____ 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 (check all that apply): Internet Search Friend or Family Family Veterinarian

Facebook/Social Media Print/Radio Ad Local Event Drove by Online review 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 \$118. 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.

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.

AVECCC strives to provide superior emergency and critical care services in a timely and efficient manner. Arizona statutes dictate that we are required to provide the pet owner or agent, a copy of the medical record upon discharge from the hospital. In order to decrease your wait time we can provide you with your complete medical record via email within 24 hours of your discharge.

I agree to have my complete record sent to me via email after discharge from the hospital: **Owner Initial:** _____

SIGNATURE X _____ DATE _____

Owner/Responsible Party

Picture I.D. required

SIGNATURE X _____ DATE _____

Co-Owner/Pet Sitter/Responsible Party

Picture I.D. required