



# Client Information Sheet

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

Have you been to this emergency hospital before?  Yes  No

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: \_\_\_\_\_

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

## 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)

Community Event     Family Veterinarian     Friend or Family     Online Review     Online Search     Print Materials     Social Media

**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 \$105. 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/Pet Sitter/Responsible Party

Picture I.D. required