



# animal EMERGENCY center

We are pleased to welcome you to our practice. Please take a few minutes to fill out the form below as completely as possible.

Staff Use Only

Room: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Time: \_\_\_\_\_

Nurse: \_\_\_\_\_ Internet Drive-by My Vet Friend Advertisement

Dr/Time: \_\_\_\_\_

## Owner Information

Primary owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle one: Mobile / Home / Work

Secondary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle one: Spouse / Relative / Significant other/ Friend

Circle one: Mobile / Home / Work

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_ Species: Circle one Canine / Feline / Other

Birthdate/Age: \_\_\_\_\_ Sex: Spayed Female / Neutered Male / Male / Female

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

Primary Veterinary Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**PAYMENT POLICY:** Exam fees are \$99 before midnight, \$149 after midnight and all holidays.

A doctor must perform a thorough physical exam before he or she can determine what treatment, if any, is recommended. Following the exam, you will receive an estimate for a treatment plan that the doctor recommends for your pet. **Upon approval, you will be required to leave a deposit in the form of cash, credit card, or ScratchPay for the total of the estimate before treatment can begin.** **We do not do any form of billing.** Please feel free to ask questions if you do not understand any aspect of the estimate or treatment plan. We want your pet to receive the best possible medical care.

**We accept cash and the following credit cards:**

MasterCard Visa American Express Discover ScratchPay

**WE DO NOT ACCEPT CHECKS, MONEY ORDERS, OR CARE CREDIT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Weight:**

**Attitude:**

**T:**

**Presenting concern:**

**P:**

**R:**

**MM:**

**CRT:**