



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

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 an exam before he or she can determine what treatment, if any, is recommended. If your pet has ever shown signs of aggression or anxiety such as growling, biting, eye aversion, or hiding, we may only be able to perform a brief examination. We will not put ourselves, our staff, or your pet at risk. If your pet requires more of an exam than we are safely capable of, sedation will be required. You will be required to pay for a full exam and consultation as well as the sedation charges. Our Exam and Consultation may be hands on examination and/or discussion, education, and therapy. 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: _____