



# 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

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

## Patient Information

Name: \_\_\_\_\_ Please Circle: Canine / Feline / Other

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

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

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

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

## PAYMENT POLICY:

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 the 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, ScratchPay or PayPal 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 PayPal ScratchPay

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

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