



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: _____

Car Internet Drive-by My Vet Friend

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: _____ 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 or Care Credit 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 Care Credit

WE DO NOT ACCEPT CHECKS OR MONEY ORDERS

Signature: _____ Date: _____