



Entering Concern _____ Date _____ Time _____ Client # _____

Owner Name _____ Spouse or Co-Owner Name _____

Address _____ Apt _____ City _____ State _____ Zip _____

Are you the house sitter or pet sitter? Yes No If Yes, What is your name? _____

Have you been to Emergency Animal Clinic before? No If yes, which clinic: Phoenix Avondale Peoria Scottsdale Gilbert

Please tell us how you heard about the Emergency Animal Clinic Daytime Veterinarian Friend Yellow Pages Other

Home # () _____ Cell # () _____ Work # () _____ Co-Owner/Spouse # () _____

Email _____

_____	Bird	Cat	Dog	Ferret	Reptile	Rodent	Other	_____
Pet Name _____	Age _____	Color _____	Pet Breed _____					
Daytime Veterinarian or Hospital Name _____								
Current or Due	Male	Female	- Yes	No				
Is your pet currently taking any medications? Yes No	If yes, name of medication _____							
Is your pet currently on a special diet? Yes No	If yes, name of food _____							
Does your pet have any known allergies to any medication? Yes No	If yes, name of medications _____							

The minimum fee for this Emergency Examination and/or consultation with a Veterinarian is \$95.00. Additional fees are charged when treatment, medication, tests or hospitalization is necessary. An estimate of the cost of such treatment recommended will be provided after the initial examination.

I consent to the administration of such anesthetics as are necessary and surgical procedures of an emergency nature. I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, the reasons why surgery is considered necessary, its advantages and possible complications if any, as well as possible alternative modes of treatment, which were explained to me by the Veterinarian. 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 training purposes.

All pets must be picked up from the clinic before 9:00am or additional charges may occur without further notice. If I neglect to pick up my pet within 12 hours of the scheduled release time, and do not notify you within that time frame, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet, as you deem best and/or necessary.

I understand that I will be expected to pay for all services, less deposit, at the time of discharge or the completion of services. 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

SIGNATURE X _____ DATE _____
Spouse / Co-Owner

SIGNATURE X _____ DATE _____
Pet Sitter/ Care Giver

IF PAYING BY CHECK OR CREDIT, THE FOLLOWING INFORMATION WILL BE ASKED.

Credit Card Type _____ Account # _____ Expire Date _____ PPIN # _____

Ck Approval # _____ Guarantee Card # _____ Expire Date _____

CA # _____ Driver's License # _____ Expire Date _____