

Animal Emergency Center Client Information Sheet

Please, print information clearly in block letters. Thank you.

Patient Information

First Name <hr/> Last Name <hr/> Address <hr/> Zip Code <hr/> Home phone Cell phone <hr/> Work number <hr/> Place of employment <hr/> Are you 18 years of age or over? <hr/> When was your pet last seen by your regular vet? Reason for that visit? <hr/> When was your pet last vaccinated? <hr/> Do you give your pet Heartworm preventative? <hr/>	Pet's Name <hr/> Species = Dog Cat Other? <hr/> Breed <hr/> Color Male Female Spayed Neutered Unknown <i>(Please, circle all that apply)</i> <hr/> Pet's Weight (approximately) = <hr/> Pet's Date of Birth or Pet's approximate age? Is this days, weeks, months, or years? <i>Please, circle one.</i> <hr/> Regular Clinic Name <hr/> Vet's Name <hr/>
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Please, list all medications given to your pet in the last 48 hours. (Aspirin, Rimadyl, etc.)

Do you give your pet any other medications?

Briefly describe what prompted you to bring your pet in today.

When did this happen or when did you first notice these changes? <hr/>	If applicable, have there been any dietary changes? What is your pet's regular diet? <hr/>
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All fees are due and payable at the time of service.

We accept the following methods of payment: *(Please, circle your preferred method of payment.)*

Cash Bank Debit Card Visa MasterCard Discover American Express

How did you hear about us? Internet/Webpage Phone Book Your Vet Friend Sign Other? _____

With approval, financing may be available through CareCredit. If you would like to apply, call 1-800-365-8295.

If my pet is hospitalized, I understand he/she must be picked up by 7:30 a.m. Monday - Friday mornings and I will most likely need to transport my pet directly to my regular veterinary clinic for continued medical treatment. If I pick my pet up past 8:00 a.m., I understand it may result in a late pickup fee of \$25.00.

Signature _____ Date _____