

Patient Admission Form

PLEASE PRINT, ALL INFORMATION REQUIRED

Owner's Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Spouse's Cell: _____

Driver's License #: _____ State: _____ Email Address: _____

I certify that I am at least 18 years of age & not under the influence of drugs or alcohol _____

Initials

Place of Employment: _____

Spouse's Employment: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Work Phone: _____

Pet's Name: _____ Date of Birth: _____ or Age: _____

 Species: Dog Cat Other Breed: _____ Male Neutered Female Spayed Intact

Color: _____ Regular Clinic: _____ Veterinarian Name: _____

 Vaccinations Current Yes No

Method of Payment (Required)

Choose which method of payment you will be using today. Thank you.

 Cash M/C AMEX Discover Visa Debit Card Care Credit Money Order

A copy of a photo ID may be required for non-cash transactions _____

Initials

Care Credit Policy: Account holder **MUST** be present with a valid driver's license/state issued ID. _____

Initials

WE DO NOT ACCEPT CHECKS. WE APOLOGIZE FOR ANY INCONVENIENCE. _____

Initials

I, the undersigned as owner and/or agent of the above animal, do hereby authorize the veterinarians of Animal Emergency Center and such persons as they designate as their aides and assistants to administer to the patient such diagnostic, therapeutic, anesthetic and/or surgical procedures as they deem necessary for the care of said animal. I hereby certify that I have read and fully understand the above authorization. I also certify that no guarantee or assurance has been made as to results that may be obtained and I completely release any staff veterinarian, their aides, assistants, and the Animal Emergency Center, PC. from any and all liability due to death, loss or any decline in condition of my animal while under their care. I also understand and agree to the terms of payment:

ALL FEES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED. _____

Initials

A DEPOSIT MAY BE REQUIRED BEFORE DIAGNOSTICS & OR TREATMENTS & OR HOSPITALIZATION ARE PERFORMED. _____

Initials

 How did you hear about us? My Veterinarian Friend/Family Magazine Ad Web Search Billboard

SIGNED: _____

DATE: _____

Office Use Only _____

Checkin Time: _____ Initials _____