



## Admission Form

 CLIENT #  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
PATIENT #

DATE		TIME	CLIENT #		PATIENT #	
LAST NAME			FIRST NAME		EMAIL	
HOME ADDRESS			CITY		STATE	ZIP
HOME PHONE		CELL PHONE		WORK PHONE		
PET NAME	SPECIES	BREED	COLOR	SEX: M <input type="checkbox"/> F <input type="checkbox"/>	SPAYED/NEUTERED: YES <input type="checkbox"/> NO <input type="checkbox"/>	AGE
PRIMARY ANIMAL HOSPITAL		PRIMARY VETERINARIAN		HOW DID YOU HEAR ABOUT US?		
CURRENTLY UNDER TREATMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		DIAGNOSIS:		VET <input type="checkbox"/> INTERNET <input type="checkbox"/> PHONE BOOK <input type="checkbox"/> FRIEND <input type="checkbox"/> PREVIOUS VISIT <input type="checkbox"/> OTHER: <input type="checkbox"/> MEDICATIONS:		

PAYMENT WILL BE MADE BY:  CASH  MC / VISA / AM EX / DISCOVER  CHECK (W/TELECHECK APPROVAL)  CARE CREDIT

**Authorization for medical and / or surgical treatment:**

I, the undersigned, as owner and/or responsible agent of the animal presented for diagnosis and/or treatment, do hereby authorize the veterinarians of Animal Emergency Centre (and assistants the doctor may designate) to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I further consent to the administration of such anesthetics and surgical procedures that are deemed necessary on the treatment of the emergent animal. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

I assume financial responsibility for all charges incurred to the patient. I understand that any estimate rendered by the clinic is an attempt to predict as accurately as possible the costs of services performed. The exact amount of the fees shall depend upon various factors including, but not limited to, unforeseen circumstances that require additional services for the benefit of the animal.

I understand that the patients must be picked up from Animal Emergency Centre by 8 AM (except Saturdays, Sundays and Holidays). Those received Friday may, if necessary, be hospitalized until Monday at 8 AM. After 8 AM I understand that it is my responsibility to take the animal to my regular veterinarian for further treatment if necessary. Any animal not picked up within the specified time frame may be transferred to the local Animal Shelter.

Should the animal require hospitalization, I agree to make a pretreatment deposit in the amount of the estimated cost of treatment. I further understand that all fees are due and payable in full at the time of release of the animal.

SIGNATURE OF OWNER / RESPONSIBLE AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\*\* FOR STAFF USE ONLY \*\*\*\*\* FOR STAFF USE ONLY \*\*\*\*\* FOR STAFF USE ONLY \*\*\*\*\***

ENTERING COMPLAINT:				
TEMP=	HR=	RESP=	MM/CRT=	WT=

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DVM SIGNATURE:

DISCHARGING SIGNATURE:

TAKE DIRECTLY TO YOUR REGULAR VET  RECHECK WITH YOUR VET IN \_\_\_\_\_ DAYS / WEEKS

