



Emergency Care Patient Entry Form

Owner Information: Please notify receptionist if you are not the owner of this pet. All medical fees are to be paid in full at the time services are rendered. **We no longer accept checks.**

Client Information:

Name (First, MI, Last): _____

Address: _____ Apart/Suite #: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Employer _____

E-mail: _____

How did you learn about our facility? _____

Emergency contact person and number (in case you cannot be reached) _____

Pet Information:

Name: _____ Species (dog, cat, other) _____

Breed: _____ Sex: _____ Spayed/ Neutered (circle one)

Birthdate/ Age: _____ Color: _____

Primary Veterinary Information:

Veterinary Practice Name: _____

Primary Veterinarians Name: _____

Due to a pledge made to the veterinary community, emergency clients/ patients with referral veterinarians will not be accepted as regular Animal Medical Center's patients. All emergency patients will be returned to their referral veterinarians for further treatment or follow up visits.

Initial: _____



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_____ (initial) (CPR) In the event of an emergency, your pet may require CPR and/or resuscitative life saving measures. I choose to have the doctors and staff at Animal Medical Center use every avenue to resuscitate my pet. Additional cost(s) can occur that have not been estimated for to provide this service.

***** OR *****

_____ (initial) (DNR) I prefer that the doctors and staff at Animal Medical Center **DO NOT** perform resuscitative measures, in the event of an emergency, that may require CPR and/or resuscitative life saving measures.

Authorization to Treat:

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** _____ **I am not** _____ (check one) eighteen years of age or over, and authorize the veterinarians at Animal Medical Center to examine, prescribe, treat, administer medications, anesthesia, surgical procedures, tests and/ or treatments that the doctors deem necessary for its health, safety and well-being while under their care and supervision.

I acknowledge that I am responsible for payment in full for the above procedures and treatments. I understand that all professional fees are due at the time services are rendered. Animal Medical Center does not accept payment plans or bill for services rendered. Animal Medical Center accepts Cash, Debit, American Express, Visa, MasterCard, Discover or Care Credit.

Printed Name

Signature of Owner or Authorized Agent

Date