ANIMAL EMERGENCY CENTER

PATIENT INTAKE SHEET

DATE: _____/_____/_____ TIME: _____ AM/PM Owner Acct #_____

Clinical Record #_____

OWNER INFORMATION:

First Name _____ Last Name: _____

Address_____

City_____ State_____ Zip_____

Mobile Phone # _____ Additional Phone # _____

Email Address_____

PATIENT INFORMATION:

Patient's Name_____ Species: Canine Feline Other: _____ Age: _____

Breed: _____ Color: _____ Sex: _____ (Circle One) Spayed Neutered

Primary Care Veterinary Clinic: _____

Heartworm Prevention: (Circle One) Yes No Vaccination Status: (Circle One) Current Needs

Drug Allergies: _____ Current Medications: _____

PRESENTING PROBLEM: _____

_____

_____

_____

AUTHORIZATION FOR EMERGENCY EXAMINATION AND CONSULTATION: I, as the owner or duly authorized agent of the owner, do herby execute this consent authorizing the Veterinarians of Animal Emergency Center, and their veterinary technicians and assistants, to perform an initial physical examination and assessment of my pet. The fee for this examination is _____. I understand that an estimate of the costs for veterinary care will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing medical treatment. If my pet requires hospitalization, I agree to pay the low end of the patient care plan as a deposit and assume financial responsibility for the balance of all services rendered on a cash, credit card, check, or CareCredit basis at the time my pet is discharged from the hospital. **ALL PAYMENT IS REQUIRED AT TIME OF SERVICE.**

Owner Signature: _____

FOR OFFICE USE ONLY:

PULSE: _____ RR: _____RE: _____MM: _____CRT: _____ TEMP: _____ WT: _____

LS: _____ Attitude: _____