



ANIMAL EMERGENCY & SPECIALTY CENTER

Affix patient information label here if a returning client

Client Information

Owner Name:		
Additional Owner(s):		
Address:		
City:	State:	ZIP:
Home Phone: ()	Cell Phone: ()	
Alternate Contact:	Phone: ()	
Owner's Employer:	Work Phone: ()	

Pet Information

Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered: Yes No	Age or Birthdate:
<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other	Breed:	Color:
Family Veterinarian:	Veterinary Clinic:	

I hereby authorize Animal Emergency & Specialty Center (AESC) to perform medical and initial diagnostic procedures on my pet as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors and assistants.

If another veterinarian has referred me to this hospital, I understand that they will require a summary of the care and treatment provided by AESC in order to ensure that my pet's care can be continued without interruption. I also understand that AESC considers the identification of a referring veterinarian by me to be my authorization to release records and information to that veterinarian.

I authorize the release of case/patient information for uses such as marketing, forms, continuing education, Web site, literature, and the like.

Payment is due as services are rendered. A deposit may be required on any case. The balance is due upon discharge from the hospital. You may pay by cash, Care Credit, or accepted credit cards. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory.

I understand that I (the owner or agent) am financially responsible to AESC for all charges relating to this patient. I have read and agree to the treatment authorization. I understand that if a balance is left unpaid, interest will accrue at the rate of 1.5% per month (18% per annum).

I also understand that if a balance is unpaid and the account is referred to a third party for collection purposes, that I am liable for the following: original balance due, any collection fees incurred, interest at the rate of 18% per annum, and if the account requires litigation, any attorney fees and court costs incurred.

Signature of Responsible Party (must be at least 18 years of age) _____ Date _____