

Client Information

Owner Name:		
Additional Owner(s):		
Address:		
City:	State:	ZIP:
Home Phone:	Cell Phone:	
Work Phone:	Other:	

Pet Information

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

If it becomes necessary during your pet's visit, do you want us to administer CPR? Yes No

I am the owner, or the agent of the owner, of the above-described pet and have the authority to execute this agreement. I authorize Animal Emergency & Specialty Center to examine and treat the above pet. I have read and agreed to the financial policy of AESC. I accept full financial responsibility for the pet. I understand that payment for diagnostic tests and treatment that I authorize in writing or verbally will be due at the time my pet is dismissed from the hospital.

If another veterinarian has referred me to this hospital, I understand that they will receive 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 family veterinarian by me to be my authorization to release records and information to that veterinarian.

Case information and/or photos may be used in teaching, continuing education, promotion and veterinary literature. I authorize release of case/patient information for such purposes; patient confidentiality will be maintained. In the event of ownership transfer, I authorize the release of medical information to the new owner of this animal.

PAYMENT POLICY AND AUTHORIZATION

- If your account becomes delinquent, it may be forwarded to an outside collection agency without notice. If this happens, you will be responsible for all collection costs of the outstanding balance placed for collection, including but not limited to interest, actual court costs, and 15% attorney fees. Returned checks are subject to a service charge of \$35.
- I assume responsibility for all charges incurred in the care of the above pet, including 1.5% per month finance charge on unpaid balance(s).
- If you have any questions regarding our payment policies, please ask us before services are rendered.
- I have read and understand the payment policies set forth and have been given the opportunity to ask questions about these policies. I understand my responsibility for payment of my account with AESC and have provided to the best of my ability the information requested accurately and completely.

Best contact number during this visit: <input type="checkbox"/> Mr. Cell <input type="checkbox"/> Ms. Cell <input type="checkbox"/> Mr. Work <input type="checkbox"/> Ms. Work <input type="checkbox"/> Home <input type="checkbox"/> Other:
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Signature of Responsible Party (must be at least 18 years of age)

Date