



Client / Patient Information Form

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work #: _____ Cell/Other: _____

Employer: _____ Driver's License # _____ Exp: _____

How did you hear about us? Primary Vet Sign/Drive By Yellow Pages Friend/Neighbor Internet Other

How will you be paying for today's visit? Cash Check Credit Card Care Credit

Payment is due at the time services are rendered. Please initial if you understand and agree to this: _____

All attempts are made to see patients in the order they arrive. However, due to the nature of an emergency clinic, we must triage our patients and treat the most severe cases first. This may result in a delay of treatment of your animal. Please initial to acknowledge that you have been informed of this: _____

Pet's Name: _____ Canine Feline Other Color: _____

Breed: _____ Female Male Is your pet Spayed/Neutered?: _____

Age or Date of Birth: _____ Date of Last Vaccinations: _____

Primary Veterinarian: _____ Medical Reason for Visit: _____

Consent Form for Treatment

I, the undersigned owner, agent of the owner of, or Good Samaritan responsible for seeking emergency veterinary care for the pet named above certify that I am eighteen years of age or over and consent to the examination of this pet by staff veterinarians at the Denton County Animal ER. I also agree that after consultation with me, the hospital's doctors may medicate, treat, hospitalize, sedate, anesthetize, and/or perform surgery as they deem necessary on my pet. I agree that the Denton County Animal Emergency Room, Inc., the staff veterinarians, and other employees will not be held liable in any manner for the care, treatment, or safekeeping of the above pet. It is thoroughly understood that I assume all risks.

If an anesthetic procedure is required, I understand and accept that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should unexpected life-saving emergency care be required during a time when staff members are unable to reach me, the hospital has my permission to provide such treatment, and I agree to pay for such care. To screen for problems not readily apparent during physical examinations, the hospital recommends that blood panel tests be performed on all pets that will be anesthetized. I understand that a doctor or staff member will prepare a fee estimate for the recommended services and that I am encouraged to discuss all fees before services are rendered and during my pet's ongoing treatment. Emergency examinations often require in-depth tests to determine a diagnosis, and estimates cannot always predict actual fees. Thus, I agree to the written fee estimate plus an additional amount not to exceed 25% of the total. Any subsequent verbal estimates for additional treatment will be added to the original written fee estimate.

Emergency cases require a deposit in the amount of the written estimate prior to admission. Full payment is required at the time my pet is discharged. If my pet is hospitalized, I agree to pay this deposit, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, Care Credit, or check at the time my pet is discharged from the hospital. There is a \$25.00 fee for each returned check.

Should it become necessary for the practice to collect the unpaid amount through an attorney or collection agency, I agree to pay all costs of collection, including reasonable collection agency or attorneys' fees.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed and my financial obligations remain, regardless of the outcome. I have read and understand this authorization and consent to the recommended care. In addition, I authorize the release of medical records to the primary veterinarian I have designated above.

Time of Arrival: _____ AM / PM

Room: _____ In TX:

Entered by: _____ at _____ AM / PM

Signature of Owner or Agent

Date