



We accept cash, and credit cards, including **Care Credit**, with proper identification.
Please ask a staff member for more details. Thank you.

Registration

Date _____ Social Security # _____
Owner _____ Spouse _____
Address _____
City _____ State _____ Zip _____
Primary Phone Number _____ Email _____
Secondary Phone Number _____ Spouse Phone Number _____
Employer's Name & Address _____
Veterinary clinic where your records are kept _____

(We will attempt to transfer all records to your regular veterinary clinic.)

Patient History

Animal Name _____ Age _____
Male Female Neutered/Spayed: Y / N Dog Cat Other _____
Breed _____ Color _____

Vaccination History (List what vaccines have been given and the date they were last administered):

Is your pet on heartworm prevention: Y / N If yes, which one? _____

Reason for this visit: _____

When did you last see your pet completely "normal"? _____

Does your pet have a history of any medical, surgical or trauma occurrences? _____

Please list the name, dosage, and frequency of all medications your pet is taking: _____

Does your pet have any allergies? Y / N If yes, please list them: _____

What is your pet's normal diet? _____

When did your pet last eat or drink? _____

PLEASE READ THE FOLLOWING AND SIGN

I hereby authorize the doctor(s) at Emergency Vets to examine, prescribe for, and treat my pet(s) and I agree to assume responsibility for all charges incurred in their care. I understand that my animal will be checked for fleas upon arrival and that I will be responsible for payment of the charges incurred for the necessary treatment. **I understand that all fees are due at the time services are rendered.**

Owner/Responsible Party _____