

Client ID# _____

ETA: _____

EMERGENCY PATIENT INTAKE FORM

Today's Date: _____ Time: _____ Employee Taking Info: _____

Personal Information

Owner Name: _____

Home Phone: _____ Mobile Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Pet Information

Pet Name: _____ Species: Canine Feline Other _____

Breed: _____ Color or markings: _____

Sex: Male Female Spayed/Neutered: Yes No

Weight: _____ Age/DOB: _____

Presenting Complaint: _____

Referring Veterinarian: _____ Hospital Phone: _____

Hospital/Clinic _____

Are Vaccines Current: List any Medications/Treatments: _____

By signing this form I agree that I am aware of and agree to pay the \$126.50 Emergency Exam Fee. I understand this fee does not include treatment or medications. Any additional treatment(s) or medication(s) will be presented to me for authorization via a care plan/estimate. I am aware that payment is due at the time of service and if I agree to my pet being hospitalized, I understand I will have to make a 75% deposit in order to begin treatment.

Owner/Authorized Caregiver Signature: _____

Date: _____