

# Animal Emergency of Pasco

This Hospital is for emergency care only. Your veterinarian will need to check your animal's progress as soon as possible. **PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED.** A deposit in the full amount of the estimated services will be required prior to hospitalization.

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## Client Information:

Client Name: \_\_\_\_\_ Spouse/ Other: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

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## Pet Information:

Pet Name: \_\_\_\_\_ Dog Cat Bird Reptile Other: \_\_\_\_\_  
Sex: Male/Intact Female/Intact Male/Neuter Female/Spayed Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's regular veterinarian: \_\_\_\_\_

Has your pet had vaccines in the past 12 months? Yes No If yes, approximate date: \_\_\_\_\_

Is your pet currently taking medication to prevent Heartworms? Yes No Name: \_\_\_\_\_

Do you currently administer flea medication to your pet? Yes No Name: \_\_\_\_\_

Please list any other medication your pet is currently taking: \_\_\_\_\_

Does your pet have any allergies to food or medication? \_\_\_\_\_

Please describe your pet's regular diet: \_\_\_\_\_

Please circle all that apply:

Dogs: Stays in fenced yard Stays in home Leash walks Recent unsupervised roaming

Cats: Inside only Inside/Outside Inside only-recently outside/Roaming

List any Ongoing Health Conditions: \_\_\_\_\_

List any Previous Health Conditions: \_\_\_\_\_

Would it be ok if we use your Pet's images/story on our Web page?

YES, images/story may appear on Social Media \_\_\_\_\_

No, images/story may not appear on Social Media \_\_\_\_\_

How did you hear about us? Regular Vet Phone Book Drive By Internet Prev. Client other

**REASON FOR TODAY'S VISIT (SYMPTOMS/PROBLEMS YOU HAVE NOTICED):**

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**Method of payment:** Cash Check Credit/Debit Card Care Credit

I hereby authorize Animal Emergency of Pasco, it's representative, agent or employees, to perform services and/or surgery on the above described animal, and do hereby release and forever discharge Animal Emergency of Pasco, it's representative, agent or employees, from all claims and demands whatsoever which I have or may have against Animal Emergency of Pasco, it's representative, agent or employees, by reason of said surgery, administration of drugs or performance of other services, and any consequences resulting directly or indirectly there from.

I further certify that I am at least 18 years of age, and have ordered, or have been authorized to order, the services for the above described animal. In any event, I accept full financial responsibility for the payment of services ordered and rendered. I understand that any animal not called for within 3 days of the date that the hospital shall designate for its release shall be considered abandoned by me, and shall be disposed of at the discretion of the hospital. My financial responsibility shall not in any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the date of, charges for and disposal of same. Should it become necessary to collect this account through an attorney, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees.

I also understand that there is an office exam fee due upon examination of the above described animal and that this fee is to be paid whether or not the animal receives medical treatment.

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**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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