



EMERGENCY CLIENT/PATIENT INFORMATION

Client Information		(Please print)			
Last Name					
First Name					
Home Address					
City					
State					
ZIP					
Email					
Home Phone					
Work Phone					
Cell Phone					
Co-Owner/Spouse					
Driver's License/State ID					
How Did You Hear About Us?					
Patient Information					
Pet Name				Breed	
				Color	
Sex	Male/ Female	Neutered	Y/N	Age/ DOB	
Current Veterinary Hospital					
Current Veterinarian					
Current Medications					
Known Allergies					

Please read before signing:

I understand that I am responsible for all charges, and that payment is due at the time services are rendered, or at the time the patient is discharged. I understand that the emergency after hours and exam fee totals \$90.00
 The low end of the estimate must be left as a deposit prior to diagnostics and/or treatments being performed. Forms of payment accepted are Master Card, VISA, Care Credit, personal check or cash. I am also responsible for any fees involving a collection agency or attorney's fees regarding any unpaid balance. There is a \$25.00 charge on all returned checks. I understand my pet's records are confidential and give permission for them to be shared with the hospitals/veterinarians identified on this form and/or any noted in the record itself. *I do ___ do not ___ give my permission to film my pet and understand photos or film footage may be used in promotional or instructional materials for Circle City Veterinary Specialty & Emergency Hospital.*

I understand that I need to make arrangements to have my pet picked up by 7:30 am Monday-Friday to either take him/her home, or to transfer him/her to my regular veterinarian. Late pick-ups will be charged \$25.00

Signature _____

Date _____