

Client ID: _____

EMERGENCY ADMISSION FORM



Thank You for choosing Animal Emergency Hospital!

Have you been to AEH before? YES NO

My pet is experiencing the following symptoms:

Client 1 Information (must be 18 or over)		Client 2 Information	
Mr./Mrs./Ms./Dr.:		Mr./Mrs./Ms./Dr.:	
Home Address:		Home Address:	
City:	State: Zip:	City:	State: Zip:
Cell Phone:()	Home Phone:()	Cell Phone:()	Home Phone:()
Email:		Email:	

Pet Information	
Pet Name:	Species: Dog Cat Other:
Sex: Male Neutered Female Spayed	List any allergies:
Birthday or Age:	List any medications:
Breed: Color:	List any health problems:

How did you hear about us?

Who is your regular veterinarian?		Did they refer you to us? Yes No	
PLEASE CIRCLE ALL THAT APPLY		Yellow Pages	Genesee Companion
Friend/Family:	Online Search	Hospital Sign	Magnet/Business Card

Hospital Financial Policy

Payment is due at the time services are rendered. Please be advised that the Emergency Examination Fee is \$80. If your pet is hospitalized, an estimate will be created, and a deposit of 100% of the lower end of the estimate will be due at the time of admission. Payment in full is due at the time of discharge. We accept all major credit cards, cash, and checks (processed through telecheck.)

We understand that visiting the emergency hospital with your pet can be a stressful experience. We realize treatment costs may be more expensive than anticipated due to the nature of your pet's medical problem. Often, friends and family may be able to help in a crisis. If you have any financial concerns or questions about our policies, please inform the customer service representative. Please see an alternative source of funding below*.

Method of Payment (please circle):

Cash Debit Check V/MC/Disc/Amex Care Credit

Initial and Date

*Alternate: Care Credit is credit that with approval, you can use to finance medical expenses (various plans available.)

Permission to Treat: 

I authorize the doctors to perform treatment for my pet. Payment in full is due at the time of service. I assume responsibility for all charges incurred in the care of this animal. If my pet requires admission to the hospital, I understand emergency veterinary care is not intended to be a substitute for complete veterinary care.

X

Owner/Agent (must be 18) Signature and Date