

Client ID#

EMERGENCY ADMISSION FORM

Thank You for choosing Animal Emergency Hospital!



My pet is experiencing the following symptoms:

Empty text box for describing symptoms.

Client Information (must be 18 or older)

What time did you arrive?		Have you been to AEH before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us?			
What veterinary clinic do you typically use?			

Client #1

Client #2 (if applicable)

Are you the owner of the pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the owner of the pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Name:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
Phone:	Phone:	Phone:	Phone:
Email:		Email:	

Pet Information

Name		Species	<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other:
Age/ DOB		List of Health Issues	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breed		Color	
		List Current Medications	

Hospital Financial Policy

Payment is due at the time services are rendered. Please be advised that the emergency examination fee is **\$83**. Recommendations for additional diagnostic and treatment procedures will be presented with a written estimate of cost. If hospitalization is elected, 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 cash, all major credit cards (Visa, Mastercard, Discover, and American Express), CareCredit, and checks (which are processed electronically via 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 condition. If you have any financial concerns or questions about our policies, do not hesitate to ask the receptionist or nearest customer service representative.

Planned Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit <input type="checkbox"/> CareCredit	Initials & Date	
I am interested in CareCredit and would like to request an application / information.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorization and Request for Services

By signing below I authorize the doctor to assess my pet. I understand that payment in full is due at the time services are rendered. I assume responsibility for all charges incurred in the care of this animal. If my pet requires admission into the hospital, I understand that emergency veterinary care is not intended to be a substitute for complete veterinary care.

Owner/Agent Signature (Must be 18+ years old)	X	Date	
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