

Client ID#

# EMERGENCY ADMISSION FORM

Thank You for choosing Animal Emergency Hospital!



My pet is experiencing the following symptoms:

Empty 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
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What veterinary clinic do you typically use?	
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**Exam is \$87. Payment is due at the time services are rendered and a valid ID is REQUIRED.**

### 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
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Name:		Name:	
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Address:		Address:	
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City:	State:	Zip:	City:	State:	Zip:
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Phone:	Phone:	Phone:	Phone:
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Email:		Email:	
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## Pet Information

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

**Payment is due at the time services are rendered and a valid ID is required.** Please be advised that the emergency examination fee is **\$87**. 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, Wells Fargo, 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"/> Other Financing	Initials & Date	
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I am interested in financing options and would like to request an application / information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## 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)	<b>X</b>	Date	
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In accordance with the State of Michigan Law, I acknowledge that if my pet needs a controlled drug (Schedule 2-5) prescribed in today's visit, there will be a report request in the Michigan Automated Prescription System. This is a system that the state uses to keep a record of controlled substances prescribed to you or your pets. The information in this report is confidential and will not be shared with any other hospitals/health professionals or printed, in accordance to the HIPAA laws.

Prescription drug misuse is a serious problem in Michigan. There has been an increase in deaths related to prescription drug overdose, averaging 116 deaths per day. It is important that these types of drugs are only used as prescribed and ensure that they are not mixed with other drugs unless confirmed by a licensed health professional. There are multiple programs available to help in this crisis, for more information go to Michigan Department of Health and Human Services ([www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)).

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Client Signature

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Date