



Animal Emergency Center

Client Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell#: _____

Email: _____ Have you been here before? No Yes

Pet Information:

Name: _____ Breed: _____ Color: _____

DOB/Age: _____ Sex: Male Female Spayed/Neutered: No Yes

Regular Veterinary Hospital: _____ Currently on Heartworm Prevention No Yes

Current on Vaccines: No Yes Currently Taking Any Medications: No Yes (if yes, describe below)

List of Current Medications: _____

Payment Information: (Full payment is due at time of service – There is NO BILLING)

Payment by: Cash Credit Card Care Credit (Personal checks will not be accepted)

How Did You Become Aware of Animal Emergency Center?

My Regular Vet Friend Internet Phone Book Other _____

Client Understandings & Responsibilities:

Pets hospitalized for treatment must be picked up before 8:30 am the following morning. No treatment or monitoring is provided between 8:30 am and 5:30 pm, Monday through Friday. A deposit will be required for all patients needing hospitalization.

I hereby grant authority to the veterinarians and staff in charge of the pet described above to administer any treatment, to administer such anesthetics, and to perform such procedures as may be deemed necessary or advisable in the diagnosis and treatment of this pet. I acknowledge that no assurance or guarantee has been made of the results of treatment or surgery and that risks and probabilities of complications exist in any medical procedure, treatment, or surgery.

You are to use all reasonable precautions against injury, escape, or demise of this pet, but you will not be held liable or responsible in any manner whatever, or any circumstances on account of the care, treatment, or safekeeping of the above described animal; as it is thoroughly understood that I assume all risks.

I am the owner/agent of this pet presented for care, and have the authority to execute this consent. I assume full financial responsibility for charges incurred, including interest charges (1.5%/month), all attorney fees, and collections agency fees if necessary.

Signature: _____ Date: _____

Print Full Name: _____ Time In: _____

Contact Us: 757-234-0461 | Fax: 757-234-4031 | AnimalEmergencyYorktown@gmail.com
Animal Emergency Center | 2025 George Washington Memorial Highway | Yorktown, VA 23693