

All Pets Emergency & Referral Center, P.C.

Client Information Form

Name of Owner(s): _____ GA D.L.: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Home phone: _____ Work Phone: _____ Cell: _____

Secondary contact: _____ Relation to owner: _____

Home phone: _____ Work Phone: _____ Cell: _____

Patient Information

Name: _____ Age/ Birthdate: _____ Species: Cat Dog Other: _____

Breed: _____ Color: _____ Sex: M F Spay/Neuter: Yes No Unknown

Reason for Visit: _____

Regular veterinarian: _____ Veterinary clinic: _____

Method of payment: Cash Check Visa/MC Discover AMEX Care Credit

PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED

NO BILLING

I hereby grant, to the veterinarian(s) in charge of the care of the patient described above, the authority to examine said patient in order to determine a course of treatment that he/she believes to be in the best interest of the patient. By agreeing to this examination, I consent to pay the fee associated with said examination. I also understand that any further treatments, testing or procedures deemed necessary or advised will be performed only after I have granted permission.

Signature

Date