

ANIMAL SPECIALTY & EMERGENCY CENTER

CLIENT REGISTRATION FORM

(PLEASE PRINT CLEARLY)

OWNER'S FULL NAME AND ADDRESS	DR	DR	LAST		FIRST	MIDDLE	HOME PHONE (IF APPLICABLE)
	MR	MR	STREET		CITY	STATE	ZIP
	MRS	MRS					
	MS	MS					
	MISS	MISS					
SPOUSE	NAME					CELL PHONE	
ADDITIONAL PHONE NUMBERS	CELL PHONE			EMAIL (OPTIONAL)			FAX

CALIF DRIVERS LIC. NO. _____ **EXPIRATION DATE** _____

Other Individuals authorized to approve Treatment

DR	1) Other _____	NAME	CELL PHONE	HOME PHONE
MR				
MRS				
MS				
MISS				
DR	1) Other _____	NAME	CELL PHONE	HOME PHONE
MR				
MRS				
MS				
MISS				

	Pet's Name	Species	Breed	D.O.B.	COLOR	M/F	Neuter/Spay	Up To Date on Vaccines?
1								
2								

Any unusual medical history: (allergies, surgery, etc.) _____

Name of vet who referred you to our Hospital: _____
Doctor Hospital
Phone Fax

Who is your regular veterinarian: _____
Doctor Hospital
Phone Fax

How did you hear about us? My Doctor Yellow Pages Friend Magnetic Business Card
 Saw Sign Been Here Before Website Other _____

I have read, understand, and agree to the "Authorization for Medical Care," and "Financial Policy," on the reverse side of this page. _____
Initials

Signature of responsible party _____ Date _____

ANIMAL SPECIALTY & EMERGENCY CENTER

Authorization For Medical Care

I am the owner, or authorized agent of the owner, of the above named animal and have authority to execute this consent.

I hereby authorize the admitting veterinarian, and any designated associates or assistants, to perform an examination, and such diagnostic, surgical or therapeutic procedures as may be then agreed upon.

I also authorize the use of such anesthetics, sedatives or tranquilizers as you deem advisable, for the performance of such diagnostic, surgical or therapeutic procedures as you determine to be indicated.

I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment, the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any.

I further understand that no guarantee of successful treatment is made. With any anesthetic, medical, and/or surgical procedure there are inherent risks, including but not limited to infection, damage to the surgical site by re-injury or by the patient chewing the area, abnormal heart rhythms or stroke resulting in death while hospitalized, during surgery or within several days afterward, persistent lameness after limb surgery, persistent paralysis after spinal surgery, etc.

I also understand that a fee will be charged for consultation, examination, and/or services performed. I assume financial responsibility for all charges incurred to patient, and agree to pay all such charges at the time of release of such patient. The Animal Specialty & Emergency Center is authorized to arrange disposition of said animal unless the owner, or authorized agent of owner, calls for and pays all accrued charges on the animal within three (3) days after notification that the animal is ready to be released from the hospital. I understand this action will not, however, relieve me of paying all charges for services rendered, and all legal and/or court costs incurred in connection with collection for services.

FINANCIAL POLICY

1. Payment for all services is due when your pet is released. Acceptable payment forms are: cash, check, American Express, MasterCard, Visa, Discover, or CareCredit. We cannot accept other credit cards. We will require identification with a valid Driver's license or identification. **We are unable to reverse charges from check to credit card.**

2. Please understand that we are not a credit or billing facility. WE PROVIDE VETERINARY CARE. Payment in full is expected when your pet is released. A monthly finance charge of 0.83%, plus late charges, will be added to past due balances.

3. The doctor will give you an estimate for medical services. There is a required deposit of 100% of the lower end of the estimate. We cannot provide medical services until a consent form is signed and a deposit has been made. Depending on how long your pet remains in the hospital and what costs are incurred, supplemental additional deposits may be required during the period of hospitalization.

4. The doctors will provide a daily report via phone regarding your pet's medical condition. If additional services are recommended, the doctor will discuss the associated costs with you, to obtain your approval prior to such services.

5. If you wish to obtain any medication at your local pharmacy rather than obtaining the medication from ASEC, please let us know and we are more than happy to provide you with a written prescription.