

# VRCC EMERGENCY SERVICES - REGISTRATION FORM

## PET MUST BE PROPERLY RESTRAINED OR CAGED AT ALL TIMES

Please provide the information as requested below. If you have any referral forms, lab work, radiographs, etc. please give them to the receptionists along with this completed registration form. Please notify the receptionists if you have been here before with this pet or another pet. We require a picture ID from all clients at the time of registration. - Thank you.

### CLIENT INFORMATION

#### PLEASE PRINT CLEARLY:

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ SS#/DL# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse: Name /Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (Name & Number): \_\_\_\_\_

Regular Veterinarian & Veterinary clinic name: \_\_\_\_\_

Is this your first visit to VRCC? YES / NO If **NO**, name of pet previously seen: \_\_\_\_\_

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Sex: Female/Male Spayed/Neutered - Yes or No

Species: **Dog Cat Other:** \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Has this patient ever had a history of: **Seizures:** \_\_\_\_\_ **Drug reactions:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**ARE ALL VACCINATIONS CURRENT, INCLUDING RABIES: YES / NO** County: \_\_\_\_\_

**REASON FOR VISIT:** \_\_\_\_\_

When was the last time your pet has eaten any food or treats: \_\_\_\_\_

All fees are due at the time services are rendered. We accept Visa, M/C, Discover, A/E, Care Credit, Cash and Checks. Returned checks will incur a \$28 return fee. We do not have a payment plan nor do we accept post-dated checks. In the event a Client's account must be referred to an attorney for collection, Client agrees to pay reasonable attorney fees, court cost and other collection cost.

**The VRCC encourages you to take all leashes, collars, bedding, toys, etc. with you at the time of admission of your pet. We will not be responsible for lost/misplaced items even though measures are taken to secure them.**

I understand that I will have a consultation with the specialist prior to initiating any diagnostic or treatment procedures. An estimate will be provided at my request. I have the right to decline treatment and care prior to it being administered. I further understand that I am responsible for a 50% deposit prior to services being rendered and payment-in-full of the remaining balance upon discharge of my pet from the VRCC. I hereby authorize VRCC to perform any and all medical services that they deem appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_