



Welcome to Animal Emergency Clinic of South Florida!
Please complete this form so that we may become better acquainted.

Pet's Name: _____ Age: _____ Breed: _____

Color: _____ Sex: Male/Female Neutered/Spayed: Y or N

Is your pet kept inside? _____ outside? _____ both? _____

Do you have other pets? Y or N If yes, please list: _____

Which clinic/veterinarian has your pet's records: _____

If you have been referred by your regular veterinarian for emergency care, please be aware that we will treat only your pet's present problem. It is our responsibility to care for your pet's emergency needs, then refer you back to your regular veterinarian. Please sign acknowledging this agreement.

Signature: _____

Vaccinations: Current or Due

Is your pet on heartworm prevention: Y or N If yes, what type: _____

Do you have pet insurance: Y or N Insurance Provider: _____

Person responsible for pet (owner): _____

Are you 18 or older? Y or N

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Place of Employment: _____

Phone: _____

Emergency Contact: (relative or friend to act on your behalf if you are unavailable):

Name: _____ Relationship: _____

Phone: _____

**PLEASE SEE REVERSE SIDE FOR IMPORTANT
FINANCIAL INFORMATION →**

How did you hear about Animal Emergency Clinic of South Florida?

Please read our financial policy carefully

Our intention is to provide you with a written estimate of fees required for emergency care, outpatient/inpatient treatment, surgery, or hospitalization. A 100% deposit is required prior to any treatment and for all hospitalized animals. Hospital accounts must be kept current throughout the period of hospitalization. It is your responsibility to make sure that you are aware of the costs involved with the treatment of your pet.

All charges are due prior to the release of your pet.

Policy concerning unpaid bills/abandoned pets:

If you do not pick up your pet within 10 days of its release date, your pet will be considered abandoned. Your total bill (including the 10 additional days), attorney's fees, court costs and collection fees will be turned over to a collection agency and reported to the appropriate credit bureaus to be placed on your credit record.

We accept: Cash and all Major Credit Cards

We do not extend credit or make payment arrangements. However, we offer **Care Credit**, which is a billing service. Please ask a staff member for details.

Please provide us with the following information:

Driver's License Number: _____

(please provide to staff member to photocopy)

Social Security Number: _____

I have read and understand the above policies and request treatment of my pet in accordance with these policies. I understand medical results cannot be guaranteed. I assume financial responsibility for all charges incurred to the patient and agree to pay all costs of collection, reasonable attorney fees and court costs in the event of non-payment.

Date: _____ Signature: _____