

Pet Emergency Center

New Client/Pet

L	vner's Name:		MI	Co-Owner's I	Co-Owner's Name		
Address:							
Number	Street	Apt#	City	State	Zip		
Phone Numbers:							
С	Cell		Home		Other		
E-mail:			Primary Veterina	rian/Clinic:			
If paying by check please provide the following:			If paying by check please provide the following:				
Owner D.O.B. : Driver's License:			Co-Owner D.O.B. : Driver's License:				
Employer:				:			
Employer: Employer's Address:				lress:			
City :	State:		 City :	Stat	State:		
Pet's Name:		Specie	es:	Breed:			
Color:		Age: _		Sex: 🗆 M 🗔 F	Spayed/Neutered \Box		
Current Vaccines? Ves	🗆 No 🛛 Rabi	es only					

Please Read, Sign and Date the Following Treatment Authorization:

I hereby authorize the Staff of Pet Emergency Center to render treatment necessary for my pet(s) health while in custody of the Hospital. I understand that in the event of any unforeseen/emergent medical circumstance, the Staff will make an attempt to contact me (or my designated representative), time permitting, before proceeding with treatment. I understand that I will be held financially responsible for all treatments/procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that payment is due at the time of service and that a deposit is required for my pet(s) to be admitted to the Hospital.

Signature of Owner, Agent, or Good Samaritan		Date		gnature of Co-Ov	vner	Date	
How did you hear about us?:	□ Sign/Dri	ve By	□ Website	□ Google	Facebook	🗌 Regular V	/eterinarian
□ Friend	Yellow Pages		Been Here Bef	ore 🗌 Othe	er		