

VETERINARY EMERGENCY & REFERRAL GROUP

PATIENT REGISTRATION FORM

- Please print neatly.
- Fill out the form completely and sign both lines below.
- Failure to do so may extend your wait or delay evaluation or treatment of your pet.

Information About You

Owner's Name _____
(First) (Last)

Address _____ Apt # _____

City _____ State _____ Zip _____

Telephone Home _____
Cell _____
Work _____

Social Security # _____

Driver's License # _____

Employer _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Name _____

Emergency Contact Phone _____

How did you hear about us? _____

PAYMENT TERMS

Payment is required when services are rendered. We accept Cash, Visa, MasterCard, American Express, Discover, Debit – ATM Cards and Care Credit. We do not accept checks. A deposit of the entire low end of our estimate is required on all patient admissions, and the balance is due upon patient discharge.

SIGNED _____

DATED _____

PATIENT AGREEMENT

I give permission to the Veterinary Emergency and Referral Group to perform diagnostic, surgical and medical treatment as deemed advisable. It is understood that such procedures of diagnosis, surgery, and medical treatment will be discussed with me before proceeding except in emergency situations. In many cases, it is impossible to determine in advance the extent of surgical and/or medical treatment required, and I understand that the actual cost may be lower or higher than the estimate presented to me. I agree to make prompt and complete payment upon discharge of the above animal. I also understand that if I neglect to pick up the above animal, the animal will be considered abandoned. In doing so, I understand that this does not relieve me from my financial obligation. I further understand that in case of non-payment, I will be subject to all billing toward further care and finance/collection charges associated with my account.

Information About Your Pet

Pet's Name _____

Date of Birth _____

Spayed/Neutered? Yes ☐ No ☐

Species _____

Breed _____

Color(s) _____

Date of Last Vet Check-up _____

Last Rabies Vaccine _____

Regular Veterinary Hospital _____

Regular Veterinarian _____

Announcements & E-mail

☐ YES, please send me information about pet care & events.

My email address is _____

☐ No thank you.

SIGNED _____

DATED _____

