



**Client/ Patient Information Form**

Please print clearly and **all** fields required.

**How Did You Hear About Us?**

TV [ ] Internet [ ] Radio [ ] Family/Friend [ ] Other [ ]

<b>Owner's Name:</b>		<b>Spouse/Other:</b>		<b>Contact Number:</b>	
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Home Phone:</b>	<b>Cell Phone/Other:</b>	<b>Employer:</b>	<b>Email Address:</b>		
<b>Driver's License #</b>	<b>Social Security #</b>	<b>Primary Veterinarian:</b>			

How will you be paying for today's visit? Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Care Credit \_\_\_\_\_

**Temporary checks are not accepted. All return checks will be assessed a return check fee of \$25.00. Payment is due at the time services are rendered. Please initial if you understand and agree to this:** \_\_\_\_\_

I certify that I am at least 18 years of age and not under the influence of drugs/ alcohol. **Please initial if you understand:** \_\_\_\_\_

**Patient Information**

All attempts are made to see patients in the order that they arrive. However, due to the nature of an emergency clinic, we must triage our patients and treat the most severe cases first. This may result in a delay of treatment for your animal. **Please initial to acknowledge that you have been informed of this:** \_\_\_\_\_

<b>Pet's Name:</b>		<b>Canine:</b>	<b>Feline:</b>	<b>Other:</b>
<b>Spayed/Neutered:</b>	<b>Age/Date Of Birth:</b>	<b>Male/Female:</b>	<b>Breed:</b>	

<b>Date(s) of Last Vaccinations:</b>	<b>Medical Reason For Visit:</b>
<b>Known Allergies:</b>	<b>Please Circle Which Department You Are Here To See:</b>
	<input type="checkbox"/> Emergency <input type="checkbox"/> Dermatology <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Surgery

**Consent Form For Treatment**

I, the undersigned owner, agent of the owner or Good Samaritan am responsible for seeking emergency veterinary treatment for the pet named above. I also certify that I am 18 years of age or over and consent to the examination of this pet by the veterinary staff at Oklahoma Veterinary Specialists. I also agree that after consultation with me, the hospital's doctors may medicate, treat, hospitalize, sedate, anesthetize and/or perform surgery as they deem necessary on my pet. None of the above will be held liable in any manner for the care, treatment or safekeeping of my pet. It is thoroughly understood that I assume all risks. **Please initial here:** \_\_\_\_\_

If an anesthetic procedure is required, I understand and accept that some risks always exist with anesthesia and/or surgery. I understand that I am encouraged to discuss my concerns I have with those risks with the attending veterinarian before the procedure is initiated. Should unexpected life-saving emergency care be required at a time when staff members are unable to reach me, the hospital has my permission to provide such treatment and I agree to pay for such care. **Please initial here:** \_\_\_\_\_

To screen for problems not readily apparent during physical examinations, the hospital recommends that blood panel tests be performed on all pets that will be anesthetized. I understand that a doctor or staff member will prepare a fee estimate of the recommended services and that I am encouraged to discuss all fees before services are rendered and during my pets ongoing treatment. Emergency examinations often require in-depth tests to determine a diagnosis and estimates do not always predict actual fees. Thus, I agree to pay a deposit of 75% of the high end of the written estimate. I understand that I will also be expected to provide payment for any cost of treatment that exceeds the deposit at time of discharge. **Please initial here:** \_\_\_\_\_

Emergency cases require a deposit before the patient is admitted. Full payment is required at the time of discharge. If my pet is hospitalized, I agree to pay this deposit as well as assume all other financial responsibility and provide payment for all fees via cash, check or credit card. Should it become necessary for the practice to collect any unpaid amount through a collection agency or attorney, I agree to pay all costs of collection including reasonable collection agency, court costs or attorney fees. Interest charges of 8% will begin to accrue on any unpaid balance after 30 days. **Please initial here:** \_\_\_\_\_

I have read and understand this authorization and consent form. In addition, I authorize the release of medical records to the primary veterinarian I have designated above. **Please initial here:** \_\_\_\_\_

<b>Owners/Agent's Signature:</b>	<b>Date:</b>