VCA Advanced Veterinary Care and Emergency Center
Client/Patient Information Sheet

Client Information

Name: _____ Co-Owner Name: _____
First name last name MI First name last name

Address: _____ City/State: _____ Zip: _____

Phone Numbers: _____ _____ _____ _____
Cell Home Work Other

Email: _____ Designated Emergency Contact: _____

EC Phone Number: _____ EC Email: _____

Patient Information

Name: _____ Species: ☐ Canine ☐ Feline ☐ Other_____

Breed: _____ Color: _____

Sex: ☐ Female- unaltered ☐ Female – spayed ☐ Male- unaltered ☐ Male-neutered

Date of Birth: _____ Microchip/Tattoo#: _____

How long have you had your pet? _____ Special Handling Instructions: _____

Referring Veterinarian Information

Veterinarian Name: _____ Clinic Name: _____

Phone Number: _____ Regular DVM (if different from above): _____

Special Instruction per Referring DVM:

Diet: _____

Allergic to any medications: ☐ Yes _____ ☐ No ☐ Unknown
Please List

Check the procedures performed by your veterinarian within the past 24 hours:

☐ Blood tests ☐ X-rays ☐ Other_____

IMPORTANT: Please Read and Sign the Following Authorization for Treatment

I hereby authorize the staff of VCA to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital. I understand that failure to pay my account in full may result in my account being turned over to a collection agency.**

Select Method of Payment: ☐ Cash ☐ Check ☐ Credit Card/Debit ☐ Care Credit

_____ _____
Signature of Owner, Agent, or Good Samaritan Date Signature of Co-Owner Date