

ANIMAL EMERGENCY CENTER of LAS VEGAS
3340 E. Patrick Lane – LV, NV - 89120

Owner Information

Owner's Name: _____ **Drivers Lic. #** _____
Last First

Spouse/ Other: _____

Street Address _____ Apt./Unit# _____

City: _____ State: _____ Zip Code: _____

Phone #'s: Home (_____) _____ Cell (_____) _____

Place of Employment: _____ Work Phone (____) _____

Email Address: _____

How did you hear about us? Veterinarian() Been here before() Yellow Pages() Internet()

Drive By() 411() Other() Please write source here: _____

Please Answer The Following Question:

If your pet experiences respiratory/cardiac arrest, do you wish us to administer medical CPR? (\$300-\$600) Yes ___ No ___ Initials _____

Patient Information

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

Gender: **FEMALE** Spayed Yes [] No [] **MALE** Neutered Yes [] No []

Your regular Veterinary Hospital _____ Doctor _____

Any previous illness or surgery? _____

Any known allergies to vaccines or medication? _____

Is your pet on any medications or special diets? _____

Reason for emergency visit: _____

Payment Policy: Payment is due at time of service. Initials _____ ***Exam fee to see the doctor is \$85.00 & any treatments and/or diagnostics will be additional.*** Acceptable forms of payment include Cash, Care Credit, all major credit cards and ATM/Debit cards. In the event that charges go unpaid, your account will be turned over to an outside agency for collections. Should this occur, the responsible party will be held accountable for all cost incurred, including any collection fees and/or court fees.

I have read and understand the preceding statement

Owner's name: (Please Print) _____

Owner's Signature: _____ Date: _____