

# PET EMERGENCY FORM



## ABOUT YOURSELF:

MR.  MRS.  MS.  DR.  OTHER

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY NUMBER: \_\_\_\_\_

SECONDARY NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

## HOW WOULD YOU LIKE TO BE CONTACTED?

- PRIMARY PHONE  
 SECONDARY PHONE  
 EMAIL

## IS YOUR PET UP TO DATE ON VACCINES?

- YES  
 NO

## MAY WE USE INFORMATION PERTAINING TO THIS PATIENT AND THIS CASE, INCLUDING A PHOTO OF THE PATIENT, IN OUR MARKETING EFFORTS?

- YES  
 NO

## AUTHORIZED EMERGENCY CONTACT

Authorized emergency contact can make medical decisions in the event guardian is unavailable. Authorized emergency contact must be 18 years or older to authorize any services or treatments.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PRIMARY NUMBER: \_\_\_\_\_

SECONDARY NUMBER: \_\_\_\_\_

## ABOUT YOUR PET:

DOG  CAT  MALE  FEMALE  NEUTERED  SPAYED

NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_

DATE OF BIRTH OR AGE: \_\_\_\_\_

PRIMARY VETERINARIAN: \_\_\_\_\_

PRIMARY VETERINARY HOSPITAL: \_\_\_\_\_

## PAYMENT:

Payment is expected at time services are rendered. You must be 18 years or older to authorize any services or treatments. For your convenience we accept all major credit cards including Care Credit, cash and checks. Online payment is available at [www.dvesc.com/for-pet-owners/payment](http://www.dvesc.com/for-pet-owners/payment).

METHOD OF PAYMENT?  CASH  CHARGE CARD  CARE CREDIT  CHECK  ONLINE

RESPONSIBLE PARTY'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

