



Neurology - Dr. Rainier Ko, DVM, MS, DACVS-SA, DACVIM
Radiology - Dr. Edmund Leigh, DVM, DACVR
Internal Medicine - Dr. Brianna Backlund, DVM, DACVIM (SAIM)



Specialty Services - Powers Pet Emergency & Specialty

Today's Date: _____

First Name: _____ Last Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____ Work Phone: (____) _____

Additional Contact: _____ Phone: (____) _____

Please check the following (if applicable): Active Military Retired Military Senior Citizen (65+)

Patient Name: _____ Sex: Male / Female / Neutered Male / Spayed Female

Species: _____ Breed: _____ Color: _____

DOB/AGE: _____ Does your pet bite? YES / NO Weight: _____ kilograms

What is your primary reason for your visit with us today: _____

Any questions or concerns regarding your pet that you would like us to address today?

Please check the boxes for your acknowledgment of the statements below:

I understand and agree that the staff of Powers Pet Emergency & Specialty will be in communication about this case with my primary care veterinarian. All pertinent medical history and diagnostics will be transferred to my primary care veterinarian at the case end or when the case is transferred to the primary care veterinarian. I will do a follow-up with the primary care veterinarian as directed. My primary care veterinary office is indicated below and I authorize transfer of records for this case to this veterinary office. *(Please write "None" if you do not have a primary care veterinary relationship)*

My daytime veterinarian hospital is _____.

I understand that there is 24 hour video surveillance in use on these premises.

Authorization To Provide Care:

I am the owner or authorized agent of the owner of the Pet listed above, hereby authorize and direct the veterinarians of Powers Pet Emergency & Specialty or their assistants to perform the services described above and all other procedures, diagnostics, treatments, and/or administration of extra label medications within accepted veterinary guidelines as deemed advisable and/or necessary for my Pet. Although Powers Pet Emergency & Specialty will take every reasonable action to ensure the success of my Pet's procedure(s), I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. The nature and risks of any procedure(s), including surgery and anesthesia if applicable, have been or will be explained to me or I will see that they are explained to me, and any questions I may have are answered, before I will leave my Pet or allow treatment. I understand that Powers Pet Emergency & Specialty staff may record portions of my visit for educational or record keeping purposes. I understand that there is no guarantee nor can one be made as to the results or cure of any therapy. I understand that I have the choice to obtain additional information regarding those opinions from Powers Pet Emergency & Specialty upon my request or I may research the different opinions about my Pet's procedure(s) and or treatment(s) myself and discuss my questions with my veterinarian. If I neglect to pick up my Pet within 7 days of the proposed discharge date, Powers Pet Emergency & Specialty is to assume that the Pet has been abandoned and Powers Pet Emergency & Specialty is hereby authorized to make other arrangements for the Pet as Powers Pet Emergency & Specialty may deem best. I agree to pay, in full, for services rendered. I understand that payment is due at the time services are rendered. If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that I will also be responsible for all collection costs, attorney's fees and interest in the amount of 1.5% per month (18% per annum) on the unpaid balance. In the event of an emergency, or as determined by the veterinarian, it may become necessary to take my Pet outside the hospital. I authorize Powers Pet Emergency & Specialty to walk, or transport my Pet outside of the hospital. I understand that Powers Pet Emergency & Specialty staff will take reasonable precautions to ensure the safety of my Pet while in their care.

Signature: _____ **Date:** _____