



# New Client Information Emergency Services



Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone:  \_\_\_\_\_ Cell phone:  \_\_\_\_\_ Work Phone:  \_\_\_\_\_

(Please list the primary contact persons' phone numbers and check preferred phone number to contact)

Additional Contact Name: \_\_\_\_\_ 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

Is this your first visit to Powers Pet Emergency & Specialty? Yes  No

What is your primary reason for your visit with us 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** \_\_\_\_\_.

This is an emergency hospital and therefore the number and types of cases that arrive are not predictable. Every effort will be made to provide you and your pet with the most prompt and professional service possible, however, we do have to triage cases according to severity.

Every effort will be made to provide an accurate estimate for the care required for your pet, but this can be difficult with cases requiring prolonged and advanced treatments as the situation can change. In these cases, every effort will be made to discuss fees as the case progresses.

I understand discharge for transfers to my primary care vet will be scheduled in the morning hours between 7:00AM to 10:00AM. In the case that my pet would need to be transferred to my primary care vet, I will provide the transportation for that transfer.

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

I understand that the staff of Powers Pet Emergency may need to walk my dog outside and I give my permission to do so.

I understand my pet's photo may be used for marketing or educational purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

### **Telephone Communications**

While your pet is in our care, every effort will be made to update you about the progress of their case. With this said, we are asking that you limit phone calls to our clinic for status updates to the primary contact person that is listed above. We understand that your pet may have family and friends who care about them a great deal but would appreciate updates to those family members / friends come from the primary contact person after they are updated by our staff. The primary contact person will be called by one of our staff with detailed medical updates about your pet. If the primary contact person cannot be reached, please list an alternate contact person that we may communicate with about your pets' case. This policy will also help us to protect your privacy regarding your pets' treatment/therapies.

### **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 Powers Pet Emergency & Specialty 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: \_\_\_\_\_